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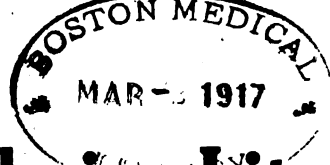
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CONTENTS

The British Journal of Ophthalmology.....	1
The Merger of American Journals.....	2
Anales de Oftalmologia.....	2
Book Notices:	
Ophthalmological Society of Egypt, 1915.....	2
MacCallan, Third Annual Report on Ophthalmic Section, Department of Public Health, Egypt	2
MacCallan, Trachoma and Its Complications in Egypt.....	3
Index of Ophthalmology:	
Diagnosis, Therapeutics, Refraction.....	3
Ocular Movements, Conjunctiva, Cornea and Sclera.....	4
Uveal Tract, Sympathetic Disease, Glaucoma.....	5
Crystalline Lens, Vitreous, Retina, Toxic Amblyopias, Optic Nerve	6
Visual Tracts and Centers, Color Vision, Eyeball, Lacrimal Apparatus, Lids	7
Orbit, Parasites, Tumors, Injuries.....	8
Pathology, General Diseases, Hygiene.....	9
Ophthalmic Sociology and History.....	10
Abstracts From Foreign Journals:	
Lagrange's Sclerecto-iridectomy and Elliot's Trephining.....	10
Specific Therapy of Pneumococcic Infections of Cornea With Ethylhydrocuprein	11
Temporary Blindness From Spasm of Retinal Arteries.....	12
Glaucoma in Egypt.....	12

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Ophthalmic Literature

VOL. VII.

JANUARY, 1917.

NO. 1.

Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

THE BRITISH JOURNAL OF OPHTHALMOLOGY.

The most interesting piece of literature of ophthalmology that has appeared in the month is the first number of the British Journal of Ophthalmology. Its typography is neat, and it is printed on paper of a quality that is scarcely obtainable in America. The careful arrangement and freedom from proof errors show the experience and devotion of the editor, Sydney Stephenson, and its sub-editor, E. Erskine Henderson. The editorial committee adequately represents the best writers on ophthalmology, not only of the United Kingdom, but of the whole British Empire. It gives an illustration of the truth set forth in the "Foreword" that "The stress of war has compelled all sorts and conditions of men to ask themselves how can they better utilize their resources and increase the efficiency of their work. In countless ways they are finding that 'union is strength.'"

From this "Foreword," by Priestley Smith, we learn that the prime mover in this new development was Mr. W. H. H. Jessop, president of the Ophthalmological Society of the United Kingdom, who by his position, and "not less by his own personality," was especially fitted to initiate the scheme and carry it into operation.

The new journal has been assured of welcome and support in all parts of the British Empire, and the hope is expressed "That the hospitality of its pages will be gladly accepted from time to time by ophthalmic surgeons in Holland, Sweden and some other countries whose original work has hitherto been published elsewhere."

If we understand the psychology of the American writer of papers on ophthalmology, he, too, will be strongly disposed to accept the opportunity of addressing such a circle of readers as this journal will undoubtedly command; especially if nothing corresponding to it is brought into existence on this side of the Atlantic.

The original contents of the first number present the results of both laboratory investigation and practical experience. The abstract department is of course affected by the war, and in the present difficult situation it is interesting to see the extent to which American ophthalmology contributes to this European journal. Among the abstracts there are, American, 7; French, 5; German (of 1915), 2, and British, 1. The only book noticed is the American Encyclopedia and Dictionary of Ophthalmology.

It should be a satisfaction and inspiration to those who are actively interested in promoting the literature of ophthalmology in America to know that they have such a worthy rival, and one that can be depended upon to do justice to what is published in this country.

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LIBRARY THE MERGER OF AMERICAN JOURNALS

The movement to secure united support to establish in this country an ophthalmic journal worthy of the population, material wealth and scientific activity of the United States, is proceeding most satisfactorily. Wherever the idea has been broached it has met with favor. A typical incident is thus told of the last meeting of the Buffalo Ophthalmological Club, "where nineteen members of a membership of thirty-one voted unanimously to favor and support such a merger."

Other societies have taken similar action, and it is hoped that all will add to the influence of such action by sending information of it to Ophthalmic Literature, or publishing it through other channels. It can now be stated the ophthalmologists of the country will soon be given an opportunity to offer their material support to the undertaking.

ANALES DE OFTALMOLOGIA.

To have continued the publication of this journal in the City of Mexico through nearly four years of revolution, war, brigandage and social disorganization shows a persistence and devotion to ophthalmic science that may well be admired. Seventeen years ago M. Uribe y Troncoso started this monthly publication and with the help of his Latin-American colleagues, kept it up until last year. Finally its publication has been suspended, and its talented editor has removed to New York City. He will be heard from, and we may wish him many years of peaceful opportunity for the study, practice and advancement of ophthalmology in his adopted home.

BOOK NOTICES.

Ophthalmological Society of Egypt, Bulletin of 1915. 8vo, 100 pages, illustrated. Cairo: M. Roditi & Co.

This society was founded in 1902, and now has seventy-seven members. The majority of these are evidently Egyptians, although a number of names of Europeans who are well known for their work in ophthalmology in Egypt, such as MacCallan, Osborne, Jacovides, Fischer, Peretz and Sachs, appear in the list. It appears that forty-one of the members attended this meeting. The papers with their accompanying discussions are published chiefly in English, albeit the construction bears evidence of incomplete mastery of the language on the part of writers and speakers, and French and Arabic appear in its pages. The illustrations are from photographs of cases and sketches of microscopic appearances. The various communications, some of them of high scientific interest and value, are noticed in the appropriate sections of this month's Index of Ophthalmology.

MacCallan, A. F. Third Annual Report on the Ophthalmic Section of the Department of Public Health, Egypt. Quarto, 44 pages, illustrated by map, half-tone plates and charts. Cairo: Government Press.

The ophthalmic hospitals of Egypt, first opened in 1904, numbered sixteen ten years later. While some of them had to be converted into military hospitals after the outbreak of the war, their immense service still goes on in the others. In 1914 the number of new patients was 50,126; of visits, 686,012; in-patients, 2,071; and operations, 40,701. The bulk of the work is done by twenty-seven Egyptian surgeons who have completed the curriculum at the Government Medical School, and vol-

unteered for this service. Five of the hospitals are provided with fully equipped laboratories. For the study of conjunctival diseases and the operative correction of deformities of the lids caused by trachoma the opportunities afforded in these hospitals are unsurpassed in the world.

MacCallan, A. F., Director of Ophthalmic Hospitals in Egypt. *Trachoma and Its Complications in Egypt.* 8vo., 82 pages. Cambridge, England, University Press.

This book has grown out of its author's experience in the Ophthalmic Hospitals in Egypt, a country in certain parts of which over 90 per cent of the school children suffer from this disease. It begins with a history of our knowledge of trachoma, and account of its prevalence and mode of infection in Egypt, a clinical description of its stages, and the acute conjunctivitis complicating trachoma. The second part takes up the pathology of trachoma. The third part is devoted to the treatment of trachoma and its sequels and of complicating acute conjunctivitis. A fourth part includes differential diagnosis, prognosis, influence of trachoma on ophthalmic operations, prophylaxis and causes of blindness in Egypt, statistics and literature.

The story of trachoma is one of sordid ignorance and filth, unfavorable environment, great historical movements, human tragedy, and even romance. It is one of the great regions that stretch beyond the boundaries of present scientific knowledge, with a mighty appeal to human benevolence. This account of it, by one of the great leaders in the struggle with this disease, must be of the greatest interest to all who have to combat trachoma.

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Abstracts From Foreign Journals

Cavara, V. Lagrange's Sclerecto-iridectomy and Elliot's Trephining. (Annali di Ottalmologia, 44th year, p. 216.)

From a review of the literature and from his personal observations, the author draws the conclusions that the operative methods which undertake to create a filtrating cicatrix have furnished a real advance in the treatment of glaucoma. In spite of the fact that iridectomy gives excellent results in many cases, he regards it as undeniable that there are glaucomatous eyes which only fistulization is able to save. In many cases of glaucoma which have shown absolutely no benefit from iridectomy, subsequent employment of trephining or sclerectomy has led to the persistence of normal tension over a long period of observation. Although Elliot's operation has not yet been so widely studied, above all as regards its remote results, as Lagrange's, the present situation is that the former is preferable to the latter. Sclerocorneal trephining seems to give the same excellent results with exposure to lesser risks. The technique of trephining is undoubtedly easier than that of sclerecto-iridectomy. Lagrange's operation is a delicate one, the extent and effect of which cannot always be exactly measured. With the trephine the size of the scleral opening is regulated by the diameter of the instrument. Lagrange's operation further gives rise to a greater number of operative and post-operative complications than Elliot's trephining; such complications as expulsion of the lens, severe iridocyclitis with atrophy of the bulb and expulsive hemorrhages are not rare in Lagrange's operation, but exceptional or unknown in Elliot's trephining. The latter has in common with the former the danger of incarceration of the iris in the scleral wound, but if with trephining a complete or peripheral iridectomy is done, the danger of prolapse of the iris can scarcely exist, and in any event is not so severe as in Lagrange's operation. According to Mel-

ler, a return of hypertony is frequent after Elliot's trephining, but this operation has the advantage that it may be repeated easily a number of times until satisfactory regulation of tension is obtained.

Is trephining to be preferred to iridectomy in every, or merely in certain cases? Cavara concludes that trephining is only to be resorted to when other operative measures have failed or are not to be depended upon. If the operator is able to produce a cure without creating a filtrating cicatrix, this latter plan should be left aside, especially because of the danger of late infection. Cavara quotes Axenfeld's remark that the cases with regulated tension but with the conjunctiva elevated in a transparent vesicle always cause him a certain preoccupation for the future. If by iridectomy one may obtain in a considerable number of cases a normalizing of the ocular tension, there is no reason why we should not resort to this operative procedure before carrying out Elliot's trephining, which itself is not always capable of producing a cure. Iridectomy is effective in four-fifths of the cases of acute inflammatory glaucoma, in a half of the cases of chronic inflammatory glaucoma, and in a third of the cases of simple chronic glaucoma. There is, therefore, no reason for abandoning iridectomy for trephining in acute inflammatory glaucoma, since in this condition trephining does not produce better results and does offer greater dangers. Even in the other forms of glaucoma it may be debated whether one ought to resort at once to sclerocorneal trephining. In these cases also iridectomy has a curative power, at least for a proportion of the cases, and when done early. One may, therefore, in these cases, as has been proposed by various operators, do first an antiglaucomatous iridectomy, subsequently watching the eye from the point of view of vision and especially of ocular tension, a procedure now rendered extremely easy with the aid of the Schiötz tonometer. As soon as it is discovered that the tension is again increasing, in spite of the iridectomy, Elliot's trephining may be done as a second procedure.

Cavara, V. Specific Therapy of Pneumococcal Infections of the Cornea With Ethylhydrocuprein. (*Annali di Ottalmologia*, 44th year, page 637.)

This is a very exhaustive clinical, bacteriological and experimental study of the subject. As regards the bactericidal action of the drug, it was found that after the pneumococcus the germ which was most affected by the action of optochin was the diplobacillus, and after this, in much less degree, the staphylococcus, the streptococcus, the pneumobacillus of Friedländer, and the bacterium coli. Against the pyocyaneus optochin showed no bactericidal power. The only streptococcus which showed by the action of the drug an affinity with the pneumococcus was the streptococcus mucosus.

By animal experiments it was found that the iris and the tissues which line the anterior chamber tolerate without any inconvenience fairly concentrated solutions of fresh optochin. Cavara confirms the statement of Schur that a 1 per cent solution of optochin produces a demonstrable but very slight and fugitive anesthesia of the cornea. He, however, confirms the observation of Peterka that much stronger doses have a decided anesthetic effect, thus explaining the relief from blepharospasm obtained by the use of optochin in eczematous keratitis. As regards the repair of superficial wounds of the cornea, involving the epithelium, optochin behaves as an indifferent substance. In the case of a deeper solution of continuity, the effect of optochin is indifferent or slightly keratoplastic. It may thus be used with impunity in the treatment of serpiginous ulcers of the cornea until they have been completely repaired. Prolonged instillations of optochin do not modify the ocular tension.

Fourteen clinical cases of simple serpiginous ulcer, eighteen cases of serpiginous ulcer with hypopyon, six of serpiginous ulcer with dac-

ryocystitis and seventeen of serpiginous ulcer with hypopyon and dacryocystitis are described and tabulated. In fifty-one of the fifty-five cases the pneumococcus was found alone or associated with non-pathogenic micro-organisms. Very little success was had in the treatment with optochin of corneal infections not due to the pneumococcus. But in pneumococcal ulcers the results obtained were constantly favorable. The accompanying manifestations, particularly iritis, were usually favorably influenced by this specific treatment. The corneal scar obtained after the use of optochin was usually thin, delicate, and bluish, and gave an irregular astigmatism of relatively slight degree. Comparison of the vision obtained in the cases treated by Cavara with optochin, with other series reported in the literature as treated by other methods, namely, thermotherapy and galvanocautery, show a much better average result in the optochin cases. The treatment with optochin was continued until the ulcer was entirely clean and the deep infiltrates had been absorbed. In cases of dacryocystitis complicating corneal ulcer the use of optochin for from two to nine days in a series of cases resulted in the disappearance of the pneumococcus from the regurgitated secretion of the lacrimal sac, although the other organisms persisted.

Kirkpatrick, H. Temporary Blindness From Spasm of the Retinal Arteries. (Annual Report, Government Ophthalmic Hospital, Madras, 1915.)

A boy, aged 16, came with a history that sight had suddenly and completely failed ten days previously. For six years he had been subject to fits which recurred about every four months. He had had slight malaria and dysentery during the previous five months, but had been well for two months. Beyond a slight anaemia (haemoglobin 90 per cent) there was nothing remarkable in the general condition. The doctor stated that when he examined him ophthalmoscopically (the day following the attack) that his normal red reflex had become completely white. His pupils were sluggish and there was nothing abnormal to be found by the ophthalmoscope beyond a few stringy vitreous opacities and a marked venous pulse at the nerve heads. He was put on nitrite of amyl inhalations, and in four days the vision of each eye had improved to 5/30, and on the 26th, twelve days after admission, to 5/15. His fields of vision were much contracted and he still had difficulty in finding his way about. He was given intramuscular injections of cyanide of mercury and strychnine, and in one month his vision was 5/5 in each eye with full field fundus normal, and in the left eye a small opacity in the lens surrounded by a few fine specks and stringy opacities in the vitreous.

MacCallan, A. F. Glaucoma in Egypt. (Third Annual Report of the Ophthalmic Section, Department of Public Health, Egypt.)

Among almost 12,000 blind eyes, in Egypt, 9.6 per cent. were found to have suffered from glaucoma. Among the patients seen in the Ophthalmic Hospitals, 2.3 per cent are said to suffer from glaucoma simplex; the small cornea of the Egyptians being supposed to predispose the eye to glaucoma. In the treatment, sclero-corneal trephining, with iridectomy through the trephine hole, has almost entirely superseded the classical iridectomy operation. Only one case of late infection had been observed after 911 trephine operations; and in this case infection seemed to have followed a blow on the eye with a stick.

Ophthalmic Literature

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Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

CO-OPERATION FOR AN OPHTHALMIC JOURNAL.

If twenty ophthalmologists joined together to get for themselves a better ophthalmic journal than is now published in America, it would be possible for them to do it if they were willing to pay nearly one thousand dollars apiece for it. But if they would induce others to join with them in the movement until they numbered two thousand, one hundred times as many would have a still better journal for ten dollars apiece. A very large part of the expense of a scientific journal must be met before the first copy is printed. After that the expense of additional copies is comparatively slight.

If the twenty who joined together, were the authors of the most important papers relating to ophthalmology, that were being published, and they published them all in the journal they had established, it would be one well worth reading, and to have at hand to consult in the future. But if there were two thousand interested in the journal, even though nine-tenths of them never published anything, the circle of readers it could offer would be certain to attract the important papers from all sources; and the revenue it could command would enable it to supply a better review of the world's literature than is now furnished by any ophthalmic publication in any language.

It is not unknown for an ophthalmologist to pay out of his own pocket one thousand dollars per year to sustain what he thinks is a better periodical devoted to ophthalmology than others already in the field. But if the twenty were willing to unite in doing this, they would still be unable to secure such a journal as is readily possible with the wider co-operation of the profession. The limits of individual journalism have been approached by several ophthalmic journals already published. The possibilities of co-operative journalism have not yet been developed.

But the co-operation that will be most effective must be general. It must not be limited to a few active workers. Every reader of OPHTHALMIC LITERATURE should consider himself under obligation to his profession to do all he can to bring about such general co-operation. This should be first by pledging his own support; and then in his local society, in conversation with fellow ophthalmologists, and by letter to those of his acquaintance, whom he does not frequently meet, to urge the importance of joining in the movement.

It will be asked by those who have not thought much about the subject, if the ophthalmologists of America can be expected to supply the money that would be needed to sustain a better ophthalmic journal than has yet been published. We believe they can. They serve one hundred millions of people, of better average income than any other equal population in the world. This is twice the population of France, or is one and one-half times the population of the German Empire, or of the United Kingdom of Great Britain and Ireland, with Canada and Australia. The having of such a journal would be of enormous value to American ophthalmologists, and through them to the people they serve.

Can they be induced to subscribe the necessary amount? We believe they can, if the situation be earnestly presented by those who already understand it. Take a single instance of what American ophthalmologists will do to help themselves and the profession. Nearly five hundred of them are already Fellows of the American College of Surgeons, paying fifty dollars admittance fee, and twenty-five dollars

per year for the good that is to be accomplished by that organization. Nearly twice as many have applications for Fellowship in the College now pending. They are ready to add their money to that of those who are now Fellows to serve the purposes of the College. When any such number become Fellows of the College they will be paying annually for the purposes of the College three times as much as would be necessary to sustain the best journal of ophthalmology. If the ophthalmologists of America do not have such a journal within the next year, we shall feel that the matter has not been properly presented to them.

A SPECIAL JOURNAL.

It has been announced that "Le Journal des Soldats blessés aux yeux," will be published monthly in Paris, under the direction of M. Brioux, who has been devoting his best energies to the service of the blind. Its purpose is to bring to the assistance of those blinded in war the interest and help of all who can be interested in the large number who must take up life again without the aid of sight. It will doubtless contain much that will be of interest to ophthalmologists.

BOOK NOTICES.

Abstract-Bulletin of Nela Research Laboratory. Edward P. Hyde, Director. Vol. 1, No. 2. 8vo. pp. X, and 129 to 302. Illustrated. Nela Research Laboratory, Cleveland, Ohio.

This laboratory is supported by the National Lamp Works of the General Electric Company. Its purpose is to study problems bearing on electric illumination. Out of the thirty-three papers contained in this issue, fully two-thirds should be of interest to ophthalmologists. The titles of these papers are included in the Index of Ophthalmology for this month. They are liberally illustrated with charts, diagrams and half-tone plates. They are all comparatively brief and to the point. Probably more investigation with regard to physiologic optics is being carried on in this laboratory than in any other in the world.

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Tiscornia, A. Experimental Syphilis of Cornea. (Boletín de La Sociedad de Oftalmología de Buenos Aires, 3rd year, page 97.)

The experiments were conducted upon rabbits with human syphilitic products, and with syphilitic products derived from another rabbit. In some cases the inoculations were made through scarifications in one eye and scarification and inoculation of the product into the anterior chamber of the other eye, while in some cases only one eye was inoculated by one of the two procedures. After a preliminary period varying from thirty-two to forty days, during which the inflammatory disturbances were limited to those due to the operative traumatism, there began a period of distinct corneal infection, with injection of the conjunctiva, especially marked around the cornea, and reaching in most cases a stage of great intensity, or partially recovering and then relapsing.

The corneal epithelium showed in some cases a small ulceration, in others was elevated so as to resemble a keratoconus, and more commonly underwent partial or complete desquamation. This epithelium became regenerated after a number of days. In the keratitis produced by scarification, as regards the greater part of the cases, infiltration began in the central part of the cornea, and extended eccentrically to the rest of the eye. The keratitis which was most easily obtained was one resembling the parenchymatous variety, which was the first to appear and which in the evolution of the process might become transformed into a nodular keratitis. This latter form was characterized by the formation within the corneal parenchyma of a nodule, at first whitish, to which were directed the new-formed blood vessels, and which later increased in size and changed in color, becoming a grayish-red with more pronounced vascularity. In a more advanced stage this nodule sometimes constituted a true gumma within the corneal parenchyma. In a few cases there was a punctate keratitis, consisting of small points of deep infiltration in the thickness of the corneal parenchyma, and distinguished from the diffuse infiltration of the rest of the cornea. These small nodules were approached by delicate blood vessels.

Experiments in the transmission of syphilis by heredity were conducted by allowing impregnation of the two rabbits in which the Wassermann reaction had proved positive after the development of the corneal lesion. Seven apparently healthy offspring of the first rabbit, tested a month after birth, under control with the blood of healthy rabbits, gave a positive Wassermann reaction. The same result was obtained in these rabbits a month later; but it was impossible to discover any spirilla in the organs of one animal which was later killed for that purpose. A third Wassermann reaction was also positive. In two young rabbits some blood vessels were observed on the iris. Similar results were had from the offspring of the second mother rabbit.

In one rabbit it was possible to obtain a second infection from syphilis, after a much shorter incubation period than in the first infection. The only secondary manifestation of syphilis observed in the rabbit was a typical alopecia.

Microscopically, the cornea at the site of the lesion was found increased in thickness sometimes to twice the normal. In the part affected the epithelium had undergone a hydropic degeneration; and between the epithelial cells were also encountered some infiltration cells. Bowman's membrane was normal. The stroma of the cornea showed an abundant leucocytic infiltration and edema. Beneath Bowman's membrane were numerous blood vessels, large and small, surrounded by infiltration. The membrane of Descemet was normal. The part of the cornea affected contained innumerable spirochetes.

The disease was communicated by means of corneal fragments from one animal to the other, the average incubation being thirty days. These, as well as the animals previously experimented upon, all gave a positive Wassermann reaction.

Valli, O. *Papillomata of Limbus With Invasion of Cornea.* (*Annali di Ottalmologia*, 44th year, page 755.)

The first case reported was that of a man of 67 years. The tumor, which was said to have existed for ten years, was of a grayish-red color, and occupied the sclero-corneal limbus in its complete circumference, extending more or less widely on to the bulbar conjunctiva and on to the cornea. Its maximum measurements varied from 10 mm. below to 12 mm. above, the greater part of this diameter in each case being on the conjunctiva. It was elevated two or two and one-half mm. from the level of the eyeball. The part of the cornea not invaded by the tumor was cloudy and edematous. The tumor was dissected free from the eyeball, and the eye did fairly well for several months, after which the patient returned with a recurrence at the upper part of the limbus and on the cornea. This new tumor was removed, but the further history of the patient is not given.

The papillary character of the tumor was well marked in microscopic sections. An interesting feature of this tumor and of the next one described was the finding, in the center of dense proliferations of epithelium, of cornified cells constituting true epithelial pearls. Worthy of note also were numerous alterations of a retrogressive character, which were found in the epithelial elements, especially in the middle and superficial layers.

In the second case, that of a woman of 56 years, the history dated back six years. The tumor was astride the limbus, extending on to both the conjunctiva and cornea, having a maximum diameter of 10 mm., and an elevation of 0.8 to 1 mm. Operation was done in two sittings, at first removing that part of the tumor which was upon the sclera, and one week later doing galvanocautery of the pannus-like extension on to the cornea. Complete cure followed. In the third case the patient was 54 years of age, and the affection was of more than three years' duration. The tumor was a smaller one, measuring about 5 by 2 mm., by 3 mm. in elevation. Surgical removal and thermocautery resulted in complete cure.

The microscopic structure of all three tumors was very similar. Each was made up of two distinct layers, a deep layer of new-formed connective tissue elevated into papillae, and a superficial layer formed of the normal epithelium, in which, however, various degenerative processes had taken place. The third tumor differed from the first two by being pedunculated and much more elevated, with long papillae. In spite of the presence of degenerative cellular elements similar to those found in epitheliomata, these new formations are to be regarded as benign tumors.

Azer Wahba. *Fly Blown Orbit.* (*Bulletin, Egyptian Ophthalmological Society*, 1915, p. 84.)

This writer reported four cases of this condition, three of them in children of 18 months to 3 years. The appearance resembled somewhat panophthalmitis, except that the lids were more extensively involved and large holes were found in the tissue. There was free discharge of pus in all cases, and in the children this contained gonococci, suggesting that a gonococcal conjunctivitis had preceded the invasion of the tissues by the larvae. The number of worms present varied from three to fifteen, and one of the holes left, from which three had been extracted, was large enough to admit the end of a little finger. In the discussion of this paper, four other cases occurring in children were reported, and in two of these cases the gonococcus had been found.

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Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

THE JOURNAL PROJECT.

What has been published in *Ophthalmic Literature* upon the establishment of a better journal, without increasing the number of ophthalmic journals published in this country, has met with a gratifying response. Already more than twenty subscriptions have been received before a direct invitation to subscribe has been extended, and while no definite price or plans could be announced. The first formal subscription came from a small city in the Middle West, putting the price at twenty dollars per annum.

An expression of approval by thirty ophthalmologists of Philadelphia includes the names of the most active members in its ophthalmic organizations, and its best-known writers on ophthalmology. The action taken at Buffalo has been previously referred to. But the first action of this kind was the unanimous support pledged by the Colorado Ophthalmological Society. The American Academy of Ophthalmology and Oto-Laryngology adopted a similar resolution at its annual meeting and authorized its Council to cooperate in the movement.

Within a few days the matter will be brought to the attention of every American ophthalmologist whose address can be obtained, and he will be invited to subscribe for such a journal, to replace some of those now being published. The larger the number who join in the subscription the lower the price at which the journal can be furnished. It is an opportunity for each to give direct aid himself, and to help his colleagues to an appreciation and command of the best in the literature of our branch of medical science.

OPHTHALMIC EXAMINATIONS.

The American Board for Ophthalmic Examinations held its first examinations at Memphis, Tenn., December 14 and 15, 1916, immediately following the meeting of the American Academy of Ophthalmology and Oto-Laryngology. Twelve applicants appeared for the examination, the results of which will be announced after the regular annual examinations to be held in New York City, June 7th, 8th and 9th, following the meeting of the American Medical Association.

In general, applications must be filed with the Secretary of the Board, Dr. Frank C. Todd, of Minneapolis, at least three months in advance of the time the examination is to be held; because the professional record of the candidate is to be taken into consideration as well as the showing he makes in the examinations, in awarding the certificate. For the June Examinations, however, the time was extended to April 1st on account of delay in arranging and announcing them.

The American College of Surgeons has appointed this Board as its Ophthalmic Credentials Committee; and the examinations in ophthal-

mology conducted for the College will be practically identical with those given by the Board to its own applicants.

BOOK NOTICES.

American Encyclopedia and Dictionary of Ophthalmology, Volume 1
 Edited by Casey A. Wood, assisted by a large staff of collaborators.
 Pages 7191 to 8022. Cleveland Press, Chicago, 1917.

This volume carries the work from Lenicet to Muscles, Ocular. There are many important subjects treated in it, as, Lens, Dislocation of; Lenses and Prisms, Centering of and Methods of Manufacturing; Light, With Its Effects on the Eye; Light Reflex, and Light Sensation; Life Insurance and Ophthalmology; Marksmanship, Ocular Relation of; and Miners' Nystagmus. There are included the usual number of biographies by T. H. Shastid, including some whose only claim to notice in such a work is that of their blindness. Among the latter John Milton is noticed, with an account of the symptoms presented as he became blind.

But among these shorter articles are found four that constitute monographs. First of these is an article on "Lenses and Prisms, Ophthalmic," by Charles F. Prentice, which comprises 173 pages. To most readers of the Encyclopedia, it will seem heavy and forbidding with its mathematical optics. But even for such readers the fine illustrations redeem it. They will tell the story to many who will not undertake to struggle through the algebraic demonstrations. It works out the details of problems of combined cylindrical lenses, to which are given thirty-three pages.

Next in this series comes the "Localization of Foreign Bodies," by Edgar S. Thomson. This occupies some thirty pages. Here are described in detail all the methods of Roentgen-ray localization, that have been given any extended use by ophthalmologists, with abundant illustrations and an extended table of the relative transparency of various substances to the ray.

The third of these monograph articles is one that will be studied as extremely timely. It is on "Military Surgery of the Eye," written by Lloyd Mills. This takes up 116 pages, and coming from one who served in the Vienna General Hospital, after the outbreak of the present war, can be regarded as fully up to date.

The last of this series is headed "Muscles, Ocular." It covers 114 pages in the present volume, and will be continued in the next. This is by G. C. Savage, whose views on the subject are somewhat well known, but have never before been quite so well stated. His clear, positive sentences well express their author's meaning and are ably assisted by the illustrations to enforce his views. Again we are struck with the large number of articles unsigned, which represent an immense amount of labor on the part of the editor in addition to his editorial duties.

Fisher, W. A. Cataract, Senile, Traumatic and Congenital. 8vo. 114 pages, 69 illustrations. Chicago: Eye, Ear, Nose and Throat College. 1917.

The operation for the extraction of cataract is the poetry of surgery. In the highest degree it represents concentration of thought and elaborate finish—perfected technique. It will always have a peculiar interest for the ophthalmic surgeon and a dramatic impressiveness for the laity. Because of these things it claims an amount of attention which neither its relative importance in professional work, nor its relations to other important matters seem to justify.

This latest contribution to its literature takes up first "a review of the literature of the modern treatment of the condition." This review begins with quotation of the paper of Dr. John W. Wright of Columbus, Ohio, who, in 1884, published his technique for forcing out the

lens in its capsule by pressure with the tips of the operator's fingers. This description is followed by extended quotations from our principal text-books on ophthalmology, to show the status of the intracapsular method of extraction. Then is given Fisher's modification of the Smith-Indian operation for senile cataract, with consideration of complications, and a new method of acquiring proficiency. Brief chapters are devoted to traumatic cataract in the adult and congenital cataract.

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Lenz, G. Histologic Localization of Visual Center. (*Graefe's Archiv für Ophthalmologie*, volume 91, page 254.)

The question whether peripheral blindness is later followed by degenerative processes in the central terminal apparatus of the visual fibers in the occipital lobe has not yet been solved. The very exact studies of the writer, well illustrated by microphotographs, indicated

specific pathologic changes in the cell structure of the calcarine fissure of blind persons; but only in the internal granular layer and in the pyramidal layer. These changes consisted of a pronounced rarefaction, increasing in intensity above. The findings favor a localization of the macula, and of its immediate vicinity, in the posterior section of the calcarine fissure. The mode of origin of the cortical changes is explained by the writer as a sort of atrophy from inactivity, resulting from the absence of visual stimuli.

Löhlein, W. Night Blindness on the Field. (Wiener Medizinische Wochenschrift, 1916, p. 1242.)

The term night blindness does not apply to the nocturnal disturbances of vision observed in the field, for various reasons. In testing hemeralopia with the light dial it is desirable in the interest of the accuracy of the results to make the same test upon a control person with normal dark accommodation. It is recommended that the control person be given the same vision by day (through putting on glasses which lessen vision) as has the patient to be tested. Among those called night blind are found a large percentage of cases in whom no hemeralopia exists; and the disturbances of vision are explained by states of nervous exhaustion, arterio-sclerosis, alcohol and tobacco poisoning, migraine, etc.

As far as cases of actual hemeralopia are concerned, that is, cases in which the power of dark accommodation is diminished, it is easy to show that the patients were aware that they had inherited or acquired hemeralopia of a high degree; or—and these are a large majority—who observed from the first day they were stationed at the front, their defective dark adaptation, and in whom this tendency had not come to their knowledge because of the conditions of life during a time of peace. Seldom did one find a real case of hemeralopia arising on the field; and in such cases there was always a pre-existent ocular or general disease which had already been recognized in time of peace as a cause or accompaniment of hemeralopia. Among the night blind of the eye-station of one army corps, no special case of war-hemeralopia had been received. Above all in each single case it is necessary to determine clearly the cause of the nocturnal visual disturbance.

As far as the not very frequent cases of acquired hemeralopia are concerned, the removal of the primary disease will also influence the severity of the hemeralopia. On the other hand, radical treatment promises no result to people afflicted with deficient dark accommodation. Patients having the highest degree of this disability can only be used, for purposes of war, in very special occupations. Those with a medium degree, at least those on patrol duty, should be exempt from night reconnoitering and driving. In general when night blindness is not responsible for the visual disturbance, and states of nervous exhaustion and similar conditions are, improvement of the primary disease promises relief of the disorder.

Metzner and Wölfflin, E. Clinical and Experimental Studies of Paralysis of the Cervical Sympathetic. (Graefe's Archiv für Ophthalmologie, volume 91, page 167.)

If section of the cervical sympathetic below the superior cervical ganglion only slightly affects the diameter of the pupil, the ganglion must have an independent tonus as regards dilatation of the pupil. Division of one sympathetic below the ganglion in the rabbit or the cat, and extirpation of the ganglion of the other side, show the pupil to be decidedly smaller on the side of the extirpation. The mydriasis produced by various sensory stimuli is bound up with intact function of the sympathetic tract. Experiments on rabbits showed that extirpation of the ganglion was never accompanied by a depigmentation of

the iris or by a hyperemia of the retinal or conjunctival vessels. There immediately appeared a pupillary difference which never subsequently disappeared.

Resection of the sympathetic nerve below the ganglion was followed by decoloration of the iris. If later, after resection of the nerve, the ganglion was also removed, the previously existing miosis became still more marked. Stretching of the nerve produces a marked transitory inequality of the pupils and of the palpebral fissure, and also a hyperemia of the ear vessels. In order to follow the path of the vasomotor fibers from the cervical ganglion to the end organs, the cavity of the middle ear was emptied, after which there developed a transitory vasomotor disturbance, and at the same time a miosis which did not entirely recede. If to this experiment was added extirpation of the superior cervical ganglion, the pupillary inequality increased, whereas the inequality did not show this progression if the two operations were done in the inverse order.

Ohm. Miners' Nystagmus. (Graefe's Archiv für Ophthalmologie, volume 91, part 2.)

Violent agitation of the body makes the nystagmus worse. Rotation to the left occasionally evokes it, rotation to the right does not, or only in slight degree. Of the four horizontal positions of the body the abdominal position is the most unfavorable, the dorsal position the most advantageous. Change of position sometimes reduces the amplitude of the nystagmus. Stimulation with the anode applied to both ears increases the amplitude of the nystagmus. Alcohol is capable of reducing or abolishing the tremor, by virtue of its narcotic qualities; and the same is true of various compounds related to alcohol (including adalin and veronal), of which much smaller quantities are required than of alcohol. Caffein and strychnin are without effect. The exertions of military service and the excitement of battles are not capable of giving rise to nystagmus in former miners nor of making worse an already existing tremor.

Schanz, F. Genesis of Diabetic Cataract. (Graefe's Archiv. für Ophthalmologie, volume 91, page 238.)

Light changes the structure of albuminous bodies so that the easily soluble albumens are transformed into poorly soluble globulins. This process is first effective in the center of the lens, so that sclerosis of the nucleus, presbyopia, and finally senile cataract develop. An experiment was made as follows: To filtrates of the hog's lens were added 10 ccm. of 60 per cent solution of grape sugar with 1.2 ccm. of physiologic salt solution, or the same solution of grape sugar with 1.2 ccm. of acetone, or merely 11.2 ccm. of physiologic salt solution; and the test tube was either left in the light or in darkness. Upon addition of 0.01 ccm. of greatly diluted acetic acid the test tube which had not been exposed to light showed no opacity, while the one which had been exposed to light did show such opacity.

This opacity was most marked in the tubes to which grape sugar and acetone had been added, less marked in those to which only grape sugar had been added, and least in those containing only albumen. Grape sugar, and above all acetone, hastens the effect of light on albuminous substances; that is, they act as sensitizers or catalysts. The acetic acid which is set free from acetone under the action of light appears to change the albumens into globulins. (Abstracts in Berliner Klinische Wochenschrift.)

Ophthalmic Literature

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Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

THE JOURNAL CAMPAIGN.

The appeal and opportunity placed a few days ago before nearly six thousand American doctors of medicine who are practicing ophthalmology more or less as a specialty is having results. The returns received in five days include over five hundred subscriptions to the proposed journal, and in addition to these others conditional on the lower price that could be fixed if a certain number of subscriptions were received.

Whatever other outcome there is, the campaign has been educational. It has taught much to those who have taken an active part in it. It has directed a good deal of thought to the importance of our literature, its cost and its value, and along what lines it may be greatly improved. To some the idea of paying fifteen dollars a year for a journal that will help one to do better work and earn a better living seems simply astounding, and some striking errors and misconceptions are coming to the surface.

Several have written letters based on the assumption that all existing ophthalmic journals are successful money-making concerns, and that the proposition presented was to form a great "trust" and take the "bread out of the mouths" of those dependent on the various existing journals for their living. This is all in blissful ignorance of the fact that every existing American ophthalmic journal has entailed outlay for which it has never made any return, except the good it has done the profession at large and the community. Some have assumed that the whole undertaking must be a failure unless every existing journal could be absorbed, and a strict monopoly of ophthalmic literature could be established and maintained; an idea that has never been entertained by those who are seeking to co-operate for the purpose of establishing a journal that shall be, in some respects and as a whole, distinctly better than any that has preceded it.

But these erroneous views and twisted conceptions are so far from being the rule that they only serve to emphasize the fact that there are in America many hundreds of wide-awake, interested ophthalmologists who are fully prepared to cooperate for the improvement of their literary tools. It now looks more probable than ever before that with the beginning of another year there will be established in America a new ophthalmic journal that will be a better journal than any now existing; and something more.

SOCIETY MEETINGS.

We give below a calendar of what are, from the standpoint of our readers, the most important ophthalmological meetings of the current year. So far as we know no meeting of the Société française d'Oph-

talmologie will be held. The Heidelberg Congress was held last year, after having been omitted for two years. Whether it will be held this year we do not know. Curiously the first account of its last year's transactions reached us through the French journal, the *Annales d'Oculistique*:

Ophthalmological Society of the United Kingdom, London, May 3d, 4th and 5th.

American Ophthalmological Society, Hot Springs, Virginia, May 29th and 30th.

Section on Ophthalmology, American Medical Association, New York, June 4th to 8th. (See second page of cover.)

Section on Ophthalmology, Royal Society of Medicine, London, June 13th.

Pacific Coast Oto-Ophthalmological Society, Spokane, Washington, June 18th and 19th.

Oxford Ophthalmological Congress, Oxford, England, July 12th and 13th.

Colorado Ophthalmological Congress, Denyer, Colorado, August 9th and 10th.

American Academy of Ophthalmology and Oto-Laryngology, Pittsburgh, Pennsylvania, October 29th, 30th, and 31st.

AN ENDOWED CHAIR OF OPHTHALMOLOGY.

We learn from the *LANCET* that the late Dr. Gavin Paterson Tennent left £25,000 to the University of Glasgow to establish a department and found a Chair of Ophthalmology in that University. The salary of the professor has been fixed at £500 a year, probably the largest salary paid for teaching this branch anywhere in the world. This professor has for his duty to "apply himself to the promotion of higher study in ophthalmology and to the advancement of knowledge by means of scientific observation and research." The opportunity must be attractive to anyone really interested in the subject, and it is to be hoped that the right man may be drawn to the position, wherever he may be found. It is also to be hoped that the example will be followed in other medical centers.

BOOK NOTICES.

Prentice, Charles F., New York. *Ophthalmic Lenses and Prisms*. 174 pages, 4 pl., 128 illustrations. Chicago, Cleveland Press. 1917.

This neat volume, printed on good paper, illustrates what we have said regarding some of the larger articles in the *American Encyclopedia of Ophthalmology*; that they are really monographs which, printed separately, would be given a high place in the literature of ophthalmology. This is a complimentary edition of its author's article on the subject, reprinted from volume ten of the encyclopedia. The illustrations are all original, and a reproduction of a photograph of the author is added as a frontispiece.

We have previously indicated the scope of this work (*Ophthalmic Literature*, v. 7, p. 26.) Among the optical problems of special interest to ophthalmologists here worked out, we find magnification of images, equivalent lenses, vertex refraction, neutralization, decentration, ocu-

lar aberration and bifocal lenses. These have received little or no attention in most works on optics. With these are more abstruse problems, including that of the figurative chiasmal image and the cyclopean eye. The work in this convenient form will be of value to those who obtain it, and will serve to direct attention to this important treatise as contained within the Encyclopedia.

Transactions of the College of Physicians of Philadelphia, Third Series, Volume 38. 8vo. 410 pages. Illustrated. Printed for the College.

This volume includes with the general transactions of the College the **Proceedings of the Section on Ophthalmology**, which occupy fifty-one pages. These proceedings are sent out after each meeting, and published from time to time in various ophthalmic journals. Here they are brought together and constitute a very creditable showing for a year's work. Two illustrations are included.

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Abstracts From Foreign Journals

Schreiber, L. Visual Disturbances from Internal Use of Optochin. (Graefe's Archiv für Ophthalmologie, Volume 91, Page 305.)

A doctor aged fifty-four years, who was ill with croupous pneumonia, received in the course of four days four doses of 0.3 gm. each of quinine hydrochloride, fourteen doses of 0.25 gm. each of optochin hydrochloride, and from the fourth day one tablet of digipuratum three times a day. In the night of the fifth to the sixth day of the illness bilateral amaurosis developed, which gradually disappeared after eight to ten hours. The visual acuity soon became normal again, but after a further two months the patient complained of cloudy vision and dazzling, and after a further seven months night blindness was dem-

onstrable both subjectively and objectively. There was no optic atrophy, although a narrowing of the blood vessels is recorded.

In a woman of fifty-seven years bilateral blindness of seven hours' duration developed after the administration of a total amount of 1.75 gm. of optochin in the course of thirty hours. The late effects in this case included hemeralopia, atrophy of the optic nerve, and narrowing of the retinal vessels, with good visual acuity and concentrically narrowed visual fields.

In the third case the patient, a woman with croupous pneumonia, became deaf and blind after receiving a total dosage of two grammes of optochin in the course of thirty hours. The deafness disappeared completely after one day, and the blindness began to recede after three or four days, but left behind it a marked optic atrophy with contracted blood vessels. The visual acuity returned to normal, but the visual fields showed permanently a marked concentric contraction, and the light sense was diminished.

Seidel. Local Anesthesia for Resection of External Orbital Wall. (Krönlein Operation). (Graefé's Archiv für Ophthalmologie, Volume 91, Part 2.)

The skin having been disinfected with tincture of iodine, infiltration anesthesia is done with about six ccm. of one per cent novocain adrenalin solution. The injection needle is then inserted at the upper outer angle of the orbit, and about five ccm. of a four per cent solution of both drugs one after the other are injected into the anterior, middle, and lower third of the inferior orbital fissure. Six ccm. of the one per cent solution are then injected on the posterior surface of the front-sphenoidal process of the malar bone, and finally the needle is carried from the lower orbital fissure to the lower outer angle of the orbit to a depth of from three to four cm., and three ccm. of the two per cent solution are injected. After resection of the bone, about two ccm. of the two per cent solution must be injected around the optic nerve near the apex of the orbit. The procedure, which is said to be without danger and technically easy, affords both marked freedom from bleeding and complete analgesia.

Zeeman and Tumbleka. Central and Peripheral Visual System of Congenitally Blind Cat. (Graefé's Archiv für Ophthalmologie, Volume 91, Part 2.)

The changes described include particularly a marked diminution in size of the visual cortex, and the presence of the so-called von Gudden's commissure. The congenital blindness of the animal was regarded as being due to a disturbance of the development of the retina in the first weeks of embryonic life, with the later addition of a bilateral retinal detachment. Both optic nerves were missing.

Ophthalmic Literature

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JOURNAL PLANS.

The list of subscribers to a new ophthalmic journal to be formed by merger is still growing slowly from day to day, and is already larger than any ophthalmic journal published in English ever started with, except perhaps the new British Journal of Ophthalmology. There are beside a considerable number of subscriptions promised on condition of the lower price, or on condition that some particular journal joins in the merger. All the journals so mentioned are likely to join in the merger, but conditional subscriptions are not included in the others.

There are also numerous letters asking for a more definite statement of plans. These cannot be announced until they have been formulated. The profession having effectively expressed a desire for such a journal, the plans for it will be formulated as rapidly as possible. For busy men, some of whom live 3,000 miles apart, the working out of definite business arrangements requires time. It is now well started, and we may hope that before the middle of the summer something more definite can be announced.

DIFFERING ASPECTS OF MEDICAL LITERATURE.

A paper relating to ophthalmology, like other medical papers, may serve an important purpose by the mental and scientific training its production gives the writer. The value of some papers seems to be principally in this direction. In general it may be said that the value of a paper will be greater to its producer than it can be to any individual reader. The intellectual activity, the study, the research, the completeness of mastery of the subject required to write the paper are, in general, greater than will attend the reading of it.

A particular paper may be of great benefit to its author, even though no word of it ever be printed, or read by any other person. A young man wrote a complete monograph on the branch of medical science in which he was especially interested, which would have served as a text-book in medical colleges, or introduced to medical practitioners a subject of recent development. One who read the manuscript said it was well written, fully covered the subject, and when published would have brought reputation and standing to its author. But when it was finished he found that one or two other monographs had been published, which covered the subject as well as his own, and he forthwith burned his manuscript.

But this author's time and effort were far from wasted. The study of the subject, the careful collection and sifting of the facts and statements bearing on it, the thought given to the relations of the various branches of this subject to each other, and to the whole of medicine,

OCT 25 1907

gave him a mastery of his ~~special work~~ that he would not have attained in any other way. This mastery became evident in the papers he read, or in the discussions he entered upon in medical societies; in the teaching of his students, and to all who talked with him upon the subject. The book he had written did give him reputation and standing among his colleagues and increased his usefulness in the community and his professional success.

To its writer each scientific paper is an opportunity for the expansion of his knowledge, for rendering it more minutely accurate, for rounding it out and systematizing it. To the reader the published paper presents a different aspect. It is not the only paper on the subject, representing all that he has learned or thought about it. It is only one small part of the vast literature of ophthalmology; all of which appeals to his attention, but of which no man can ever read the whole. The first question to be decided with reference to each book, monograph, or paper is: Will it be worth while to read this, or can the same time and attention be better expanded on some other reading? What is there of value in the paper? How much time and effort will be required to get it out?

It is said that the gold in the water of the ocean is sufficient for untold fortunes. But the attempt to get it would bring poverty, not riches. The practical value of any paper to a reader depends on how much there is in it that he needs, and the relative labor required to get command of it. A valuable thought, like gold, becomes useful as it is freed from extraneous matter. In so far as it is mixed with other thoughts or hidden by them it is useless. As the labor of acquiring command of it is increased, its practical value is lost.

The qualities that commend a paper to a reader are not just the qualities that give it value to its author. To some extent they are opposed to each other. Completeness and minuteness of treatment may result from studies that have greatly extended the author's intellectual equipment, but to the reader they may mean only so much unnecessary and undesirable matter mixed with what he wants. In arrangement of material the author's working out of his individual system of arrangement may work confusion by departing from that commonly followed by his reader. A common or conventional grouping of facts that will be at once understood is of great value, and unless a departure from it is necessary to bring out the main object of the paper, it should not be departed from.

How shall the conflicting interests of author and reader in the scientific paper be reconciled? In the first place the published paper should not in general be a complete revelation of the processes by which it was arrived at. It should not contain all the laboratory notes of the experiments, or the full details of the cases on which it is based. It should never attempt to review all the literature that the author has been led to examine in preparation for writing it. It should commonly attempt to present but a single important point, including only what has the highest value in clearing, defining and emphasizing its main thought. Finally, its arrangement should be as simple, definite

and usual as it is possible to make it. Digressions are to be carefully avoided, completeness should be sacrificed to clearness and force.

Between the author and the reader of journal articles should stand the editor. He should stand in the relation of an advisor of ripened judgment, with a keen sense of the reader's needs and rights. His fitness for such a function has too often been impaired by eagerness to get the amount of material required to fill the necessary number of pages. When the editor fully performs his proper function, both reader and writer will be better off. The former will get more nearly what he needs and wants and with less waste of time and effort, while the latter will be compelled to do better work with all the benefits that better work implies for the worker.

BOOK NOTICES.

Elliot, R. H. *Glaucoma, A Handbook for the General Practitioner.* 8vo, 72 pages, 17 illustrations. London, H. K. Lewis and Co., Ltd., 1917. Price, \$1.00.

This book has come from its author's broadening interest in its subject and his practical disposition to apply knowledge to the relief of suffering. Col. Elliot's original interest in glaucoma took the direction of devising an operation for the relief of the large number of patients with this condition seeking his clinic in Madras. His first book and earlier journal articles dealt with the operative treatment.

Of late his contributions to the journals, as mentioned in the index of ophthalmology, have taken a wider range, and the work before us has this general character. It contains chapters on the anatomy of the parts concerned in glaucoma; the intraocular pressure and the tension of the eye; the pathological anatomy of glaucoma; causes of glaucoma; the diagnosis of glaucoma; signs and symptoms of, and the treatment of glaucoma; secondary glaucoma, congenital and juvenile glaucoma.

Chapter VIII, dealing with the treatment, contains descriptions of all the important operations for glaucoma. Yet nearly one-third of it is devoted to the non-operative treatment.

The broad, balanced handling of the subject, and also its clearness and brevity give this monograph high value for the ophthalmologist as well as for the general practitioner. The latter may carefully read it with great profit; the former will wish to keep it at hand to quickly review the general subject when studying his particular cases. In the preface we are promised much more complete discussion of the subject along these broad lines. Colonel Elliot states: "The material for a much more exhaustive treatise on the same subject lies on my desk today. The appeal of that work will be to the scientific ophthalmologist. In it subjects will be discussed at length, and authorities freely quoted. Its aim will be widely different from that of this little book, but the world conflict makes the publication of such a work an impossibility at present."

We shall look forward to the larger work with anticipation of benefit. But this one illustrates the possibilities of practical value that lie in clear, brief statement, with absolute exclusion of that which is not of great practical importance.

The Blind in the United States, 1910. Quarto, 342 pp. Washington Government Printing Office, 1917. Price, 75 cents.

This book is prepared by the Bureau of the Census of the Department of Commerce, printed in double-column pages, much of it in fine print and tabular form; it contains quite as much as the average

octavo of 1,000 pages. Part of its contents may seem at first of little interest except to the professional statistician, but a great deal of it is of the highest interest to the ophthalmologist.

The work is divided into five parts, dealing with these topics: (1) statistics of the blind population enumerated at the population census; (2) statistics of the blind for whom special schedules were returned; (3) general tables; (4) summary of state laws relative to the blind and the prevention of blindness; (5) appendices.

The basis of this report is the census of 1910, which was taken in this way. The enumerators for the general census were required to report all the blind. These numbered 61,454. Then for each of these a special schedule was sent out. Returns came from 33,428, of whom 4,463 proved not to be blind. The returns thus obtained furnish the basis for this part of the book, which deals with such interesting subjects as geographic distribution, age at which vision was lost, causes of blindness, heredity, education, occupations, economic status, etc. But the scope of the work is wider than the statistics of America. The facts obtained are compared with those regarding the blind in other countries, so that we have here the data with reference to blindness throughout the world.

This book will be of great value to everyone who wishes to study ophthalmology beyond the narrow lines of routine practice, as well as to the sociologist, economist and legislator. For the price mentioned a copy can be obtained from the Superintendent of Documents, Government Printing Office, Washington, D. C.

Index of Ophthalmology

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 Differentiation of Some Acute Ocular Inflammations. Editorial in *New York Med. Jour.*, v. 105, p. 847.
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- v. Speyr, T. Iontophoresis in Ophthalmology. *Cor.-Bl. f. Schweiz. Aerzte*, v. 47, p. 120.
- Stocker, F. Results of Iontophoresis. *Cor.-Bl. f. Schweiz. Aerzte*, v. 47, p. 111.
- v. Wild. Wounds Treated by Exposure to Air. *Clin. Opht.*, v. 22, p. 49.
- Zentmayer, W. Ethylhydrocuprein in Diseases of Eye. *Penn. Med. Jour.*, v. 20, p. 487.
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- Teulières and Ourgaud. Corneal Graft With Pedicle. (2 ill.) *Arch. d'Opht.*, v. 35, p. 499.
- Repeated Titles. Elschnig (6, p. 88) *Ophthalmology*, v. 13, p. 500. Oda (6, p. 112) *Ophthalmology*, v. 13, p. 539. Shimitsu (6, p. 112) *Ophthalmology*, v. 13, p. 542.

REFRACTION.

- Blanco, T. Skiascopy Explained. (4 ill.) *Arch. de Oft. Hisp.-Amer.*, v. 17, p. 169.
- Dor, L. Optometric Scale Based on Metric System. *Clin. Opht.*, v. 22, p. 27.
- Gradle, H. S. Art of Refraction. *Ophthalmology*, v. 13, p. 447.
- Steiger, A. Myopia. *Cor. Bl. f. Schweiz. Aerzte*, v. 47, p. 88.
- Willett, E. J. Prisms in Ophthalmic Practice. *Penn. Med. Jour.*, v. 20, p. 483.
- Wilson, J. A. Visual Defects, Refractive and Functional. *Glasgow Med. Jour.*, v. 5, p. 211.
- Repeated Titles. Koster (6, p. 88) *Ophthalmology*, v. 13, p. 510, 512.

OCULAR MOVEMENTS.

- Briggs, H. H. Operations for Convergent and Divergent Squint. *South. Med. Jour.*, v. 10, p. 440.
- Landolt, M. False Muscular Projection of Eye, Non-paralytic. *Arch. d'Opht.*, v. 35, p. 305.
- Lowell, H. Tendon Muscle Lengthening With Special Forceps. (1 ill., Bibl.) *Arch. of Ophth.*, v. 46, p. 224.
- Poyales, F. Convergent Strabismus in New Born. *Arch. de Oft. Hisp.-Amer.*, v. 17, p. 192.
- Roelofs, C. O. Precise Method of Determining Position of Eyes in Muscular Trouble. *Arch. d'Opht.*, v. 35, p. 507.
- Tuto. Injury and Paralysis of Externus. *Arch. de Oft. Hisp.-Amer.*, v. 17, p. 202.
- Witmer, J. Congenital Retraction Movements of Eyeball. *Arch. f. Augenh.*, v. 81, p. 200. *Ophthalmology*, v. 13, p. 461.
- Repeated Titles. Ishida (6, p. 112) *Ophthalmology*, v. 13, p. 546.

CONJUNCTIVA.

- Kearney, J. A. Folliculosis of Conjunctiva. *Med. Rec.*, v. 91, p. 855.
- Lamb, F. W. Conjunctivitis Tularensis (Squirrel Plague.) (1 pl.) *Ophth. Rec.*, v. 26, p. 221.
- Lawson, A. Fur Infection of Conjunctiva From Cats. *Brit. Jour. of Ophth.*, v. 1, p. 310.

- McDonald, C. E.** Trachoma With Vernal Conjunctivitis Treated With High Frequency Current. *Arch. of Ophth.*, v. 46, p. 278.
- Vernal Catarrh With One Radium Treatment. *Arch. of Ophth.*, v. 46, p. 278.
- Marchi, F. A.** Atypical Trachomatous Corneal Pannus in Form of Tumor. (3 pl.) *Arch. di Ott.*, v. 23, p. 611.
- Richards, A. F.** Trachoma. *Tenn. St. Med. Assn. Jour.*, v. 9, p. 470.
- Stargardt, K.** Technique of Examination of Epithelial Inclusions in Conjunctiva. *Zeit. f. Augenh.*, v. 34, p. 295. *Ophthalmology*, v. 13, p. 520.
- Suker, G. F.** Excision of Tarsus in Trachoma. (7 ill.) *Arch. of Ophth.*, v. 46, p. 210.
- Tyson, H. H.** Electric Amblyopia and Ophthalmia. *Arch. of Ophth.*, v. 46, p. 275.
- Weeks, J. E.** Tuberculosis of Conjunctiva. (Dis.) *Arch. of Ophth.*, v. 46, p. 276.
- White, D. W., and White, P. C.** Incision and Crushing Operation for Trachoma. (8 ill.) *Ophth. Rec.*, v. 26, p. 239.
- Repeated Titles. **Hagen** (5, p. 85) *Ophthalmology*, v. 13, p. 499. **Hiwatori** (6, p. 113) *Ophthalmology*, v. 13, p. 545. **Komoto** (6, p. 113) *Ophthalmology*, v. 13, p. 546. **Matsuoka** (6, p. 113) *Ophthalmology*, v. 13, p. 543. **Myashita** (6, p. 113) *Ophthalmology*, v. 13, p. 540. **Onishi** (6, p. 113) *Ophthalmology*, v. 13, p. 544. **Shikano** (6, p. 113) *Ophthalmology*, v. 13, p. 540.

CORNEA AND SCLERA.

- Bloch, C. E.** Eye Disease From Deficiency of Fat in Food. *Ugeskrift for Laeger.*, v. 79, pp. 279, 309. *Jour. Amer. Med. Assn.*, v. 68, p. 1516.
- Boys, A. H.** Collosol Argentum for Corneal Ulcers. *Brit. Jour. of Ophth.*, v. 1, p. 330.
- Bronson, E.** Fragilitas Osseum and Blue Sclerotics. *Edinburg Med. Jour.*, v. 18, p. 240. *Jour. Amer. Med. Assn.*, v. 68, p. 1510.
- Burns, H. R.** Marginal Serpentine Ulcer. *Colo. Ophth. Soc.*, Jan., 1917. *Ophth. Rec.*, v. 26, p. 255.
- Buxton, L. H.** Dumb-bell Keratitis. *Ophthalmology*, v. 13, p. 450.
- Chistyakoff, P.** Treatment of Corneal Ulcer With Zinc Sulphate. *Sibirsk Vrach*, 1916, p. 261.
- Cross, F. R.** Kerato-iritis Cured by Tuberculin. *Trans. Ophth. Soc., United Kingdom*, v. 36, p. 282. *Brit. Jour. Ophth.*, v. 1, p. 331.
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- Garraghan, E. F.** Specific Tubercular Keratitis. (Dis.) *Chicago Ophth. Soc.*, Feb., 1917. *Ophth. Rec.*, v. 26, p. 262.
- George, E. J., and Toren, J. A.** Ocular Therapeutic Lamp for Treatment of Corneal Ulcers. (1 ill.) *Ophth. Rec.*, v. 26, p. 235.
- Maggiore, L.** Cure of Keratoconus. *Ann. di Ott. and Clin. Ocul.*, v. 1, p. 113.
- Scarlett, H. W.** Diplobacilli in Corneal Ulcers. *Arch. of Ophth.*, v. 46, p. 219.
- Wyier, J. S.** Corneal Ulcer Produced by Varicella. *Jour. Amer. Med. Assn.*, v. 68, p. 1476.
- Repeated Titles. **Furukawa** (6, p. 113) *Ophthalmology*, v. 13, p. 543. **Kagoshima** (6, p. 113) *Ophthalmology*, v. 13, p. 540. **Kumagai** (6, p. 113) *Ophthalmology*, v. 13, p. 542. **Kuriyama** (6, p. 113) *Ophthalmology*, v. 13, p. 540. **Lehmann** (6, p. 39) *Ophthalmology*, v. 13, p. 499. **Nogawa** (6, p. 113) *Ophthalmology*, v. 13, p. 539. **Rönne** (6, p. 69) *Ophthalmology*, v. 13, p. 473. **Suganuma** (6, p. 113) *Ophthalmology*, v. 13, pp. 539, 541.

ANTERIOR CHAMBER AND PUPIL.

- Dunn, J.** Argyll Robertson Pupil. *Arch. of Ophth.*, v. 46, p. 193.

- Repeated Titles. Kumagai (6, p. 114) *Ophthalmology*, v. 13, p. 542.
Onishi (6, p. 114) *Ophthalmology*, v. 13, p. 546.

UVEAL TRACT.

- Darier, A. Treatment of Diseases of Iris and Ciliary Body. *Clin. Opt.*, v. 22, p. 3.
Hill, E. Case of Aniridia. (Dis.) Chicago Ophth. Soc., Feb., 1917. *Ophth. Rec.*, v. 26, p. 260.
Lodberg, C. V. Traumatic Chorio-retinitis. *Cent. f. p. Augenh.*, v. 40, p. 147. *Ophthalmology*, v. 13, p. 487.
Marquez, M. Malarial Amblyopia. *Arch. de Oft. Hisp.-Amer.*, v. 17, p. 132.
Rowe, E. H. Toxic Choroiditis Following Chronic Alveolar Abscess Treated With Vaccine Therapy. *Arch. of Ophth.*, v. 46, p. 251.
Schou, S. Subchronic Febris Uveo-parotidea. *Cent. f. p. Augenh.*, v. 40, p. 149. *Ophthalmology*, v. 13, p. 477.
Wessely, K. Deposits of Urates in Eye. *Arch. f. Augenh.*, v. 81, p. 149. *Ophthalmology*, v. 13, p. 519.
Wolfe, O. R. Iritis. *Jour. Kans. Med. Soc.*, v. 17, p. 101.
Zimmer, Double Metastatic Cyclitis Following an Attack of Bubonic Plague. *Clin. Opt.*, v. 22, p. 30.
Repeated Titles. Myashita (6, p. 114) *Ophthalmology*, v. 13, p. 543.
Nakamura (6, p. 114) *Ophthalmology*, v. 13, p. 544.

SYMPATHETIC DISEASE.

- Darling, C. G. Sympathetic Ophthalmia. *Ophth. Rec.*, v. 26, p. 233.
Weekers, L. Rarity of Sympathetic Ophthalmia After War Wounds. *Arch. Méd. Belges*, v. 70, p. 193. *Jour. Amer. Med. Assn.*, v. 68, p. 1585.
Repeated Titles. Nogawa (6, p. 114) *Ophthalmology*, v. 13, p. 545.
Schieck (6, p. 90) *Ophthalmology*, v. 13, p. 527.

GLAUCOMA.

- v. Hoorn, W. Influence of Medicaments on Intraocular Tension. *Arch. d'Opt.*, v. 35, p. 506.
Jackson, E. Practical Value and Limitations of Tonometer. *Ophthalmology*, v. 13, p. 437.
Lo Cascio. Intraocular Tension. *Ann. di Ott. and Clin. Ocul.*, v. 1, p. 120.
Repeated Titles. van der Hoeve (6, p. 90) *Ophthalmology*, v. 13, p. 479.
Kuhnt (6, p. 90) *Ophthalmology*, v. 13, p. 480.

CRYSTALLINE LENS.

- Andrade, C. Cataract Operations. *Brazil Med. Arch. de Oft. Hisp.-Amer.*, v. 17, p. 216.
Andrews, J. A. Syringe for Washing Out Cortical Matter After Cataract Operation. (1 ill.) *Arch. of Ophth.*, v. 46, p. 256.
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Strader, G. L. Cataract Following Iridocyclitis. *Colo. Ophth. Soc.*, Jan., 1917. *Ophth. Rec.*, v. 26, p. 255.
Strickler, D. A. Unusual Cataracts. *Colo. Ophth. Soc.*, Jan., 1917. *Ophth. Rec.*, v. 26, p. 249.
Teulieres, M. Functional Disability From Aphakia as Result of War Wounds. *Clin. Opt.*, v. 22, p. 31.

Thomson, E. S. Extraction of Cataract From Vitreous. New York State Med. Jour., v. 17, p. 169.

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Abstracts From Foreign Journals

Von Feilchenfeld. *Optochin Amaurosis*. (*Deutsche Medizinische Wochenschrift*, 1916, page 320.)

A man aged 20 years was given 5 grams of optochin in the course of thirty hours for a beginning pneumonia. After one day there was loss of hearing, and a day later poor vision, which within another twenty-four hours had become almost complete blindness. Both symptoms receded under the employment of large doses of sodium iodide and tincture of strophanthus, but at the end of two months there was a permanent injury, manifested by hemeralopia, flickering before the eyes, annoying subjective scotoma, concentric narrowing of the visual field and of color sensation in both eyes. The employment of optochin internally should, therefore, begin with smaller doses, and since the disturbances of hearing always appear first, their occurrence should always be the signal for immediate cessation of the drug.

Von Hoor, K. *Trachoma Prophylaxis and Military Service*. (*Wiener Medizinische Wochenschrift*, 1916, page 1334.)

It was found in Austria that a considerable number of trachoma patients, in and near the age of liability to military service, were skillful in escaping all attempts at supervision and treatment. This practice was overcome by the military authorities, both in the interests of the army and of general prophylaxis, by refusing to accept trachoma as excluding the patient from military service, and also by placing all trachoma patients who were liable to military service in military institutions, under the care of special physicians, until they were completely cured, after which they were sent for military service or were dismissed, according to the age at which the cure was effected. The average length of treatment was four months, and about 80 per cent of the patients were cured within the period of liability to military service. During the service age the trachoma patients were given regular military training at the garrison hospitals.

Krückmann, E. *Simultaneous Injuries of Eyes and Antral Cavities*. (*Wiener Medizinische Wochenschrift*, 1916, page 1618.)

In fractures of the upper jaw and of the orbit a bone fracture occasionally extends into the posterior wall of the frontal sinus. Even when the mucosa remains intact, subsequent operative procedures in the frontal sinus may lead to opening of the small scar with consequent meningitis. Secondly occurring inflammatory conditions of the frontal sinus should therefore be treated as conservatively as possible in the first three months after the injury. It is to be hoped that recent Röntgen procedures will render possible the recognition of such delicate fractures.

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Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

JOURNALISM BY COMBINATION.

The most wonderful manifestation of power and efficiency, through coordination and unity of action, is that exhibited by the individual mind and brain working at its best. Let no one who seeks to bring about equal efficiency by the coordination and union of several minds imagine that he has undertaken a light task.

But in many fields of human activity the superiority of such a combination over the possibilities of the individual has been demonstrated. The corporation completely overshadows the individual in "big business." This is not only in material undertakings, like the operation of mines and railroads. The individual teacher seeks a place in the university, the individual writer expresses himself through the journal or newspaper that is the mouthpiece of a thousand others. However difficult it may be to secure combined, coordinated action, it is worth the effort.

The criticism has been passed upon the new *British Journal of Ophthalmology* that it was little more than the old *Ophthalmoscope*. But such criticism loses most of its point when closely examined. Consider the present circumstances in which it has become essential that one person should do the work heretofore done by two or three. To say that the journal now brought out is up to the standard of the one issued in far more favorable times is to rate highly the advantages of combination. It should also be remembered that the *Ophthalmoscope* was started forty-seven years after the Royal London Hospital Reports and twenty-three years after the *Ophthalmic Review*, and that Sydney Stephenson was fully familiar with the work that had been done on and through these older publications, when he planned the *Ophthalmoscope*. Under these conditions it is not surprising that the form and matter of its successor should show evidences of the same ideas regarding the conduct of an ophthalmic journal.

The journal that will be established by combination of ophthalmic journals in America will bear less resemblance to its predecessors. It will have a broader basis of editorial support, a wider variety of contemporary forms to choose among, a larger number of producing writers to depend upon for its original papers and more trained workers for its reviews of contemporary literature. It is hoped that some definite announcement may be made regarding it before the next number of *Ophthalmic Literature* goes to press.

TWO BOOKS BY OPHTHALMOLOGISTS.

The idea that the man who takes up the special practice of ophthalmology is likely to be more narrow in his intellectual interests

than the average physician, finds few facts to support it, and many to show it false.

Two books written by colleagues of national reputation, and recently published, illustrate the wide range of interests that an ophthalmologist may develop, and the extremely valuable work he can do along lines outside the daily routine of his practice.

Dr. James Alfred Spalding of Portland, Maine, has spent several years in the preparation of a work on the life of his grandfather, Dr. Lyman Spalding, of New Hampshire and New York, who was an early teacher of chemistry in the Dartmouth Medical School and in the school of Fairfield, New York, took an active part in the introduction of vaccination, and was the originator of the U. S. Pharmacopoeia. He corresponded with many of the most prominent American physicians of his time, and preserved the letters received from them. These letters, with explanations of the circumstances under which they were written and of the persons and occurrences mentioned in them, form the bulk of this book. The work has been prepared in a way that makes it an extremely valuable contribution to the history of American medicine.

The other book is by Dr. John A. Donovan of Butte, Mont., whose skill in the hunting of big game is known to many friends, and who has recorded very valuable observations on the effects of bullets on animal tissue. In connection with J. R. Bevis he has written a volume on "Practical Exterior Ballistics for Hunters and Marksmen." The geometric figures, graphs, diagrams and algebraic formulas this book contains will not seem strange to a student of geometric optics.

Both these books are excellent contributions to the fields of literature in which they belong. To some extent they illustrate the carrying over into other departments of the exact methods of thought, investigation and deduction, which the study of ophthalmology especially tends to develop.

THE INDEX MEDICUS.

With the beginning of the present volume the *Index Medicus* changed the arrangement of its text in the page, so that it now closely resembles that adopted by this journal for its "Index of Ophthalmology" from the beginning. The arrangement of the authors' names along the right side of the column, each name starting a new paragraph, requires a little more space than the text in solid column; but the advantage of having the names so arranged more than compensates for the additional paper required for it.

BOOK NOTICES.

Wood, Albert Casey, Chicago. *The Fundus Oculi of Birds, Especially as Viewed by the Ophthalmoscope.* Quarto, 182 pages, 145 cuts and 61 colored plates. Chicago: The Lakeside Press, 1917. Price, \$12.50.

This study in comparative anatomy and physiology must be of interest to every ophthalmologist. The ophthalmoscopic picture never becomes monotonous or uninteresting. The pictures, here reproduced in the colored plates, present striking departures from the type of

human and mammalian fundus with which we are more familiar. The choroidal vessels often hidden, sometimes clearly visible, are there; but retinal vessels are absent. The "pecten" which dominates the picture is supplied by what might be taken to correspond to the central retinal artery. It largely hides the oval optic disc, and seems to perform varied functions about which there has been much speculation. A feature of almost equal interest is the duplication of the macular and foveal regions of the retina in most birds and the relations of one of these regions to the usual position of the eye.

But this book is not only a collection of beautiful ophthalmoscopic plates, with a clear description facing each. It is much more. It is an able introduction to avian ophthalmology, and as Dr. Wood states it: "The examination of the eyes of birds is a study of the most advanced and most varied apparatus for the highest expression of vision known to any vertebrate class."

After an introductory chapter, a summary of conclusions and chapter on the collection, selection and preparation of material and bibliography, there is given a review of the anatomy and physiology of the organs and tissues seen in the fundus oculi of the bird. Chapters V and VI deal with the ophthalmoscopy of the vertebrate eye and of the fundus in living birds, the latter containing some interesting original matter on the production of mydriasis in birds by drugs. Chapter VII discusses the macroscopic appearances of the fundus oculi of birds in prepared specimens, and Chapter VIII the effects of domestication and other abnormal influences on the fundus oculi of wild species of birds.

Chapter IX, the longest, takes up the ophthalmoscopic appearance of the fundus oculi in various orders of birds. The three succeeding chapters deal with classification of fundi and of birds by their ocular fundi, and of the relation of the avian to the reptilian fundus. The concluding chapter gives the colored plates and their descriptions. With regard to classification the author concludes that the invariable appearances of the fundi of wild birds may well furnish data for classification and that they throw light on the ancestry which birds hold in common with reptilia.

It is safe to say that if every American ophthalmologist could be led to study this book he would find his daily study of the human eye-ground more interesting and more productive of new suggestions. Its publication indicates on the part of its author courage and faith in his colleagues and willingness to make financial sacrifice. There are now in existence in America several very interesting collections of pictures of the human fundus oculi, none of which have been published because of fear that they would not be appreciated by American oculists to such an extent as to meet the cost of publication. We congratulate Dr. Wood on being a pioneer and on having done his work so well. The colored plates are of a high standard of excellence, and every effort has been made to secure their permanence by printing on good paper.

Fuchs, Ernest. *Text-Book of Ophthalmology*, authorized translation by Alexander Duane. Fifth edition; pp. xxxvi and 1067; 462 illustrations. Philadelphia: J. B. Lippincott, Philadelphia. 1917.

The well-known text-book of Fuchs requires no introduction to American readers. This edition, however, is peculiar in that it contains additions and changes by the author that have not appeared in any German edition, as well as some radical changes in arrangement and insertion of new matter by the translator.

Foster, Matthias Lancton, New York. *Diagnosis From Ocular Symptoms*. 8vo. pp. xvi-490. New York: Rebman Co. 1917.

A book on the diagnosis of ocular conditions devoid of illustra-

tions, and from which they have been deliberately and consciously excluded, will strike most readers as peculiar. Dr. Foster says: "No one can admire more than I do the perfection of reproduction to be seen in the best colored plates, but these seem to me to place too strong an emphasis on what is simply visible, and they necessarily portray the details that are peculiar to the one individual case, as distinctly as those from which aid is obtained in making the diagnosis."

The plan of the book is "to try to utilize the symptom or condition that predominates in the mind of the examiner as the central figure from which to work outward toward the diagnosis, to collate about this the possibilities with the characteristics of each, and then to discuss individual diseases sufficiently to make each picture clear."

"Etiology and course frequently are valuable diagnostic aids, and are included as such."

The book is divided into twenty chapters. The first deals with symptoms, History Taking and Differentiation. Then come chapters on Lids, Lacrimal Organs and Sinuses, Enophthalmos and Exophthalmos, Deviations of the Eyeball, Heterophoria and Nystagmus, Conjunctiva, Cornea, Sclera, Anterior Chamber, Iris, Lens, Vitreous, Ocular Tension, Injuries and Sympathetic Ophthalmia. Fundus Conditions are considered under: General Considerations, the Papilla, the Retina and Choroid, Functional Defects of Vision, Headache, Neuralgia and Eye Strain and Physical Symptoms. Throughout the work it is the significance of symptoms that is dwelt upon rather than the technique and methods by which symptoms are to be recognized.

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Of 935 operations for senile cataract, 45 were done by extraction of the lens in its capsule, and 890 by laceration of the capsule. This contrasts with the report of the preceding year, in which 350 out of 779 operations had been done by expression of the lens in its capsule. In these 45 operations, 38 are classed as successes, 2 as partial successes and 5 as failures. "The cause of failure was in every case due to vitreous impaction, which occurred subsequent to the operation"; and which resulted in iridocyclitis in 4 cases and glaucoma in 1. Of the 890 capsule laceration operations, 83.71 per cent were successful, 11.46 per cent partial successes and 4.83 per cent failures. Of the partial successes, more than two-thirds would have been counted completely successful if operation had been done for capsular or cortical remains. There were seven cases of sepsis, two of which were infected on the same side. In one healing was delayed, and on the eleventh day the section was explored and a tiny escape of vitreous occurred. Infection occurred two days later. In one case of Morgagnian cataract the nucleus had entirely disappeared, although the case was not of long standing.

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Kusama reports three cases of juvenile arcus, and especially the microscopic and chemic findings with regard to two small pieces of tissue removed for examination. He found, contrary to what is the case in arcus senilis, that the epithelial layer, Bowman's membrane, and the parenchyma of the cornea, were all decidedly abnormal. There were vacuoles or fat globules in the epithelial cells. Interruptions and thickenings of Bowman's membrane, and fibrous changes in the parenchyma of the cornea, such as are never found in arcus senilis. The fatty substance in the cornea yields a glycerine ester, and the condition must be regarded as a kind of fatty degeneration of the cornea. No oxydase reaction was shown.

Lapersonne, F. de. Anti-typhoid Vaccination and Ocular Lesions. *Archives d'Ophthalmologie*, vol. 35, p. 449.

In a case, seen by de Lapersonne a soldier, after the second or third injection of anti-typhoid vaccine, suffered from multiple abscess

and an infective bronchial pneumonia, in the course of which there arose a unilateral metastatic purulent iridochoroiditis. The patient recovered with a painful atrophic eyeball, to be enucleated some months afterward. He believes that such cases are extremely rare, and that the infection is not due to the anti-typhoid vaccine, but to a fault of technic, which may be especially serious in that particular connection. The anti-typhoid infection has given rise directly to very few ocular complications; corneal herpes, neuritis, iridocyclitis and glaucoma secondary thereto. Certain lesions of the optic nerve and tracts that have arisen may be explained as arising from a meningeal reaction. Primary acute glaucoma may arise at such a time, or chronic glaucoma may be aggravated. To connect such conditions with the vaccination they should be produced at about the same time as the greatest reaction, as indicated by the temperature. de Laperonne believes it important that an ophthalmoscopic examination be made before the vaccination, and it would be prudent not to submit to vaccination the syphilitic, tuberculous or arthritic, who have had lesions of the uveal tract.

Weekers, L. Sympathetic Ophthalmia in War. *Annales d'Oculistique*, vol. 154, p. 196.

The teachings of the present war with regard to sympathetic ophthalmia are thus summarized by Weekers: That observations made during a war in which ocular wounds are very numerous demonstrate that true sympathetic ophthalmia is becoming extremely rare and tends to disappear. This diminution of frequency is associated with the progressively more rigorous application of asepsis and antiseptics in the first care, during the whole treatment and at the operations on the eye. The early removal of a wounded eye, even though lost as to function, is not justified as a prophylactic measure against sympathetic ophthalmia. There is no urgency for such removal for several days. By temporizing it is sometimes possible to save eyes that seem at first sight doomed to enucleation, and this becomes more important as the danger of sympathetic disease is diminished. When radical operation on a wounded eye is necessary it is best to give the preference to exenteration, which Weekers thinks offers the same guarantee against sympathetic ophthalmia as enucleation, and of which the results as to prosthesis are better.

Ophthalmic Literature

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Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

THE NEW JOURNAL.

Beginning with January, 1918, there will be published a new monthly ophthalmic journal. It will combine: *The Annals of Ophthalmology*, *The Ophthalmic Record*, *Ophthalmology*, *The Ophthalmic Year Book* and *Ophthalmic Literature*.

There is also reason to expect that at least one other ophthalmic journal will enter into this merger. Besides producing a better ophthalmic journal, the consolidation thus brought about will avoid most of the duplication of matter that has heretofore been so noticeable in the periodical literature of ophthalmology published in the English language.

This journal will be published primarily in the interests of the ophthalmologists who read it. Every suggestion that tends to the more perfect attainment of this object will be welcomed. It will not be published simply to furnish some writer or group of writers a medium of publication. It will not meet the request of one skeptic that it should give the writer a "guarantee that one paper a year would be published if desired." But it will publish as many articles each year as any author will write provided they are of important interest to the ophthalmologist, clearly written, and as brief as the presentation of the main thought permits.

To the authors of such papers this journal will bring a wider circle of interested readers than they could obtain through any other channel. In the list of journals given above are the three that have today the largest lists of subscribers of any ophthalmic journals published in America. The new journal will probably start with the largest list of subscribers of any ophthalmic journal published in the world; and it will offer its contributors the best presentation of their papers, both as to paper, presswork, proofreading and illustrations, that it is possible to secure in America.

The journal will be controlled by its readers. It will be owned by a corporation in which it is hoped that the largest possible number of ophthalmologists will hold stock and join in choosing its managers. Special provision will be made to prevent the stock from becoming of speculative value, and to secure that it shall always remain in the hands of ophthalmologists. It is believed that the close touch and sense of proprietorship, that have contributed so much to the phenomenal success of the *Journal of the American Medical Association* and of the journals of the stronger state medical societies, can be made even more effective for a special journal, whose readers share more closely in thought and sympathy with one another, and have more of common interest than have the readers of a general medical journal.

This journal will invite the assistance and active support of every one who desires to do good literary work in the domain of ophthalmology. Not only will the workers on the editorial staffs of the present journals be brought together and organized, but those who have heretofore had no such connections will be invited to share in the labor of producing this ophthalmic journal. The conditions attached to such a connection will be that each collaborator shall be an honorable member of the profession; that he shall be able to do the work he undertakes; that he shall endeavor to do the best work he is capable of, and be ready to learn how it may be done better.

In pursuance of a policy of calling out all the resources of the profession we ask now for criticisms of the features of existing journals that are desirable or undesirable to perpetuate, and especially positive suggestions with regard to the new undertaking. These will be placed before those who are to be charged with their execution, and they will be carefully considered. They cannot all be adopted, but they may all contribute something to a broader view of the needs and possibilities of an ophthalmic journal to be developed by and for the ophthalmologists of America.

WAR BALANCES.

The change of activities brought about by war works for efficiency in some directions, but for deterioration in others. The speeding up in certain activities seems to produce marvelous progress, as in aviation or business organization. The general rise of prices produces prosperity in certain directions. But the energy manifested in new channels is not wholly a new creation. It is largely diverted from other fields of usefulness; and the rising prices bear heavily upon certain lines of production.

Medical journalism feels the strain and harm of war in many ways. Fewer papers are written. It is even difficult to fill well the programs of the established medical societies; and the rising prices of paper and other materials, and of labor, are emphasized by a loss of subscribers. Not only does the supply of new subscribers fail; many of the old ones, drawn into war, cease to help sustain the journals, while advertisers cut down their expenditures as their business shrinks, or they are unable to meet orders that come to them.

Under these conditions the medical journal must do one of two things: it must diminish its output or deteriorate. The ophthalmic journals have generally done the former. Some, as the English, have combined; some like the *Index of Oto-Laryngology*, have issued their numbers at longer intervals; others, like *Ophthalmic Literature*, have cut down the size of each issue. By the latter course we are able to give as efficient service as ever; but of course the reduced volume of the literature to be noticed gives the subscriber less for his money, and has the effect of a raise in price.

BOOK NOTICES.

Bolletín de la Sociedad de Oftalmología de Buenos Aires, vol. 4, No. 4, 1917. 8vo. 435 pages. 16 plates. Published by the Society; Dr. Hector Rebay, secretary.

This fourth annual volume is a more impressive book than its predecessors. It contains in addition to the papers presented to the Ophthalmological Society of Buenos Aires those relating to ophthalmology of the National Medical Congress of Buenos Aires, and the addresses in honor of Prof. Pedro Lagleyze, whose death occurred one year ago. There are in all twenty-four scientific papers, many of them of high value and abundantly illustrated.

In the addresses in honor of Prof. Lagleyze we find a brief account of his life and bibliography of his writings. He had the opportunity—and used it well—to lead the ophthalmologists of Argentina into organization and higher scientific activity. This volume also contains a valuable history of ophthalmology in Buenos Aires by Argañaraz. This covers about 138 pages, and one-half of it is devoted to bibliographic notes.

Among the topics that receive especial attention in this volume are conjunctivitis of various kinds and ocular parasitic diseases. But the papers cover a wide range of fundamental and clinical subjects. They are noticed under the appropriate heads in this month's Index of Ophthalmology.

Index of Ophthalmology

DIAGNOSIS.

Albarenque, J. M. Ocular Tonometry With a New Tonometer. (2 ill.) *Bol. de la Soc. Oft. de Buenos Aires*, v. 4, p. 192.

Terson, A. Ocular Reactions in Death. *Arch. d'Ophth.*, v. 35, p. 513. *Ann. d'Ocul.*, v. 154, p. 317.

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Drugs in Ophthalmology. *Brit. Jour. of Ophth.*, v. 1, p. 440.

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Repeated Titles. **Foroni** (5, p. 130) *Brit. Jour. Ophth.*, v. 1, p. 447.

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- Hulen, V. H. Early Surgical Treatment of Squint. (2 ill. Dis.) *California St. Jour. Med.*, v. 15, p. 243.
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- Repeated Titles. *Delorme* (6, p. 66) *Brit. Jour. Ophth.*, v. 1, p. 455.

- Edmondson (7, p. 40) Jour. Ophth. and Oto-Laryngol., v. 11, p. 173.
 Haas (7, p. 40) Amer. Jour. Ophth., v. 34, p. 178. Jankovich (7, p. 16) Arch. of Diag., v. 10, p. 74.

CORNEA AND SCLERA.

- Amoretti, E. Keratoconus and the Internal Secretions. Bol. de la Soc. Oft. de Buenos Aires, v. 4, p. 197.
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GLAUCOMA.

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- Boehm (6, p. 23) Amer. Jour. Ophth., v. 34, p. 186. Cilleruelo (6, p. 140) Brit. Jour. Ophth., v. 1, p. 447. Fage (5, p. 71) Brit. Jour. Ophth., v. 1, p. 447. Trantas (6, p. 141) Brit. Jour. Ophth., v. 1, p. 447.

CRYSTALLINE LENS.

- Collins, E. T. Zonular Opacity of Lens With Persistent Pupillary Membrane. (1 pl.) Tr. Ophth. Soc. United Kingdom, v. 36, p. 403.
- Cory, M., and Bahadur, R. H. S. Cataract Operations, Old and New. Indian Med. Gaz., v. 52, p. 90.
- Elliot, R. H. Diagnosis of Couched Cataract. Ophth. Rec., v. 26, p. 329.
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- Repeated Titles. Simon de Guilleuma (7, p. 6) Brit. Med. Jour., v. 1, p. 454.

VITREOUS.

- Repeated Titles. Darier (6, p. 141) Amer. Jour. Ophth., v. 34, p. 161.

RETINA.

- Albarenque, J. M. Function of Rods and Cones of Retina. Bol. de la Soc. Oftal., Buenos Aires, v. 4, p. 173.
- Bailliant, P. Retinal Arterial Circulation and Arterial Tension in Branches of Central Artery. Ann. d'Ocul., v. 154, p. 257.
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 Repeated Titles. Aubaret (7, p. 67) *New York Med. Jour.*, v. 106, p. 140. Hegner (6, p. 152) *Amer. Jour. Ophth.*, v. 34, p. 183. Otori (5, p. 147) *Brit. Jour. Ophth.*, v. 1, p. 442. Scherftin (6, p. 152) *Amer. Jour. Ophth.*, v. 34, p. 185.

TOXIC AMBLYOPIAS.

- Repeated Titles. Adler (6, p. 124) *Amer. Jour. Ophth.*, v. 34, p. 177. Feilchenfeld (7, p. 43) *Amer. Jour. Ophth.*, v. 34, p. 176. Lorant (7, p. 18) *Amer. Jour. Ophth.*, v. 34, p. 178.

OPTIC NERVE.

- Juler, F. A. Multiple Colobomata With One at Nerve Entrance. *Tr. Ophth. Soc. United Kingdom*, v. 36, p. 279.
 Levy, A. H. Optic Atrophy in a Child. (1 pl.) *Tr. Ophth. Soc. United King.*, v. 36, p. 319.
 Menacho, M. Congenital Pigmentation of Optic Nerve. (2 ill.) *Ann. d'Ocul.*, v. 154, p. 296.

VISUAL TRACTS AND CENTERS.

- Beauvieux. Visual Disturbances From Shot Wounds of Cortex or Optic Radiations. (1 ill.) *Arch. d'Opht.*, v. 35, p. 560.
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 Morax, V. Ocular Injuries From Intracranial Wounds. (Hemianopsia and Neuroparalytic Keratitis.) *Ann. d'Ocul.*, v. 154, p. 300. (7 ill.)
 Parsons, J. H. Apocritic Principle and Evolution of Visual Perception. *Brit. Jour. Ophth.*, v. 1, p. 426. *Ophth. Rec.*, v. 26, p. 363.
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 Treatment of Hydrocephalus. *Amer. Jour. Med. Sc.*, v. 153, p. 563.
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 Zentmeyer, W. The Eye and Endocrine Organs. *Jour. Amer. Med. Assn.*, v. 69, p. 1.
 Repeated Titles. von Arlt (7, p. 43) *Amer. Jour. Ophth.*, v. 34, p. 180.

COLOR VISION.

- Color Vision. *Brit. Jour. Ophth.*, v. 1, p. 437.
 Edridge-Green, F. W. Relation of Ophthalmology to Theory of Vision. *Brit. Jour. Ophth.*, v. 1, p. 423.
 Triple, Jennings. Test for Color Blindness. *U. S. Naval Med. Bull.*, v. 11, p. 334.
 Wernicke, O. Total Achromatopsia. *Bol. de la Soc. Oftal. de Buenos Aires*, v. 4, p. 159.

EYEBALL.

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 Dimitry, T. J. Enucleation and Evisceration of Eyeball. (2 ill. Dis.) South. Med. Jour., v. 10, p. 594.
 Terrien, F. Improvement of Stump for Prosthesis. Arch. d'Opht., v. 35, p. 524. Ann. d'Ocul., v. 154, p. 315.
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LACRIMAL APPARATUS.

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 Chamberlin, W. B. Endonasal Operation on Lacrimal Sac. Jour. Amer. Med., v. 69, p. 17.
 Fava, A. Rare Affections of Lacrimal Apparatus. Ann. d'Ocul., v. 154, p. 378.
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Cirincione, S. Operative Contribution to Endorbital Osteomata. (Annali di Ottalmologia e Clinica Oculistica. First year, page 81.)

The first patient was a man of 25 years who had noticed for five years that the left eye gradually became more prominent than the other, and in the same period that the vision of the left eye had gradually diminished. The left eye protruded 1 centimeter and was pushed 5 millimeters down and slightly outward. The vision was 1/10, not improved with lenses. The size of the tumor had apparently been stationary for three years. Operation was therefore done chiefly for cosmetic purposes. An incision was made along the upper inner orbital margin. The elevator of the upper lid was separated from the periorbital tissue and displaced downward. The tumor consisted of two large lobes, each of the volume and shape of a medium-sized chestnut, implanted on a broad base in the upper inner wall of the orbit. The tumor was of eburnated hardness, and at some points was broken into fragments in the course of the operation. At the end of two years after the operation there persisted a very slight degree of ptosis, only visible when the eye was directed upward, and a strabismus of 10 degrees only. There was no sign of recurrence of the tumor.

The second patient was a girl of 16 years. A disturbance of vision of the left eye had been noticed for three years, and for the same length of time a small hard swelling at the upper inner angle of the orbit. The tumor had increased in size without pain. The eyeball was pushed forward 3 millimeters and turned outward 30 degrees. The vision of this eye was two-thirds of the other eye, normal. The tumor, which was of the volume of a small cherry, somewhat flattened from before backward, appeared to have taken the place of the pulley of the superior oblique muscle. After dissecting free the tendon of the muscle, the tumor was easily chiseled from its attachment to the wall of the orbit. Microscopically it was found to consist superficially of compact bone tissue, and internally of spongy bone tissue.

In the third case, that of a man of 21 years, the protrusion of the eyeball had been first noticed four years previously. The posterior pole of the eyeball was in the same plane with the orbital margin. The displacement was 2 centimeters downward and 3 centimeters outward; nevertheless, the eyeball was covered by the upper lid. At operation almost the entire orbit was found to be filled with an extremely hard bony mass which was immovable and formed an integral part of the orbital walls. The operation practically consisted in excavating a new orbital cavity in the bony mass. A radiograph showed a tumor mass not merely extending from the wall of the orbit toward the eyeball, but also upward into the brain cavity. In the orbit the bony mass had taken the place of the superior orbital walls, and also of the orbital portion of the superior maxillary bone and partly of the large and small wings of the sphenoid bone. At the time of reporting three years had elapsed since the operation, and no change had taken place in the position of the eyeball as compared with that which it occupied in the new orbital cavity shortly after the operation.

Kirkpatrick, H. Retinitis Pigmentosa, Trephining. (Report Government Ophthalmic Hospital, Madras, 1916, pp. 12, 13.)

Of fifteen cases of retinitis pigmentosa presenting during the year, first-cousin marriage had occurred in more than one generation for six patients, for at least one generation in two, and in five first-cousin marriage was the family custom, though the patient stated that his own parents were not related.

Twelve eyes were trephined for retinitis pigmentosa, and the results were on the whole encouraging. In three patients who each had one eye trephined both the vision and the night blindness were improved; in one the vision improved but the night blindness remained unaltered, and in another the night blindness was improved but the vision unaltered. Thus five patients were improved, three markedly so. The remaining seven eyes were in five patients. These were unaltered, but four of the eyes in two patients were blind before operation.

Villasevaglios, G. *Röntgen Rays in the Diagnosis of Ocular Diseases.* (Archivio di Ottalmologia, twenty-third year, page 461.)

This noteworthy monograph occupies one hundred and sixty pages. It is well illustrated and is accompanied by a good bibliography. The author remarks that so far as he knows no one has hitherto assembled in a monograph the numerous studies which have appeared in various publications concerning radio-diagnosis of ocular affections.

The first part of the monograph discusses the theories and the technique of employment of the Röntgen rays in ophthalmology, including the apparatus in general use. The second part considers in a series of chapters the affections which may be recognized by means of the X-rays. The chapters are grouped as follows:

- (1) Intracranial processes and anomalies of formation of the cranium which determine atrophy of the optic nerve, dealing particularly with the tumors and affections which increase the cerebral pressure, with the affections of the hypophysis, and with cranial deformities, particularly the oxycephalic syndrome.

- (2) Lesions of continuity of the orbital walls and of the base of the cranium, which produce ocular changes, such as atrophy of the optic nerve, muscular paralyses, etc.

- (3) Anomalies of shape, destructions, hyperostoses and other tumors of the orbital walls.

- (4) Diseases of the sinuses which may be in relation with the orbit (frontal sinuses, ethmoids, etc.).

- (5) Foreign bodies of the eyeball and of the orbit.

Eight personal cases reported with the paper include one of hypophyseal tumor, one of acromegaly, one of oxycephaly, one of tumor of the inner lateral region of the left orbital cavity, one of tumor of the left frontal sinus, one of sinusitis and two of metallic foreign bodies.

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Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

CASE TAKING AND WRITING PAPERS.

Case reports furnish the basis for a large part of the literature of ophthalmology, and taking notes of cases may be the most important part of training to produce such literature. There was a time when the general practitioner of medicine kept no notes of his cases. He relied on memory to recall the more important features of the remarkable cases; and looked at the bottle containing the medicine he had given, tasted it and smelled it to recall what it was. He gradually accumulated a store of rather indefinite impressions, which sometimes gave him a sort of intuition, and sometime entirely misled and puzzled their possessor. But in any case such impressions could not be transmitted and made useful to his colleagues.

The keeping of a note-book in which to enter prescriptions given, became more necessary when sugar coated pills and "elegant" pharmaceuticals replaced the crude drugs with characteristic taste and odor. Some kind of notes were needed when the doctor might have to face cross-examination on his earlier statements in medico-legal cases. But with many the stimulus to record more extended details regarding their cases, than it was possible to carry in the memory, came when they desired to report them. Then, too, a practitioner who desires to become a "specialist" soon realizes that for the higher grades of special skill more exact and detailed information is expected than memory can retain and supply. Hence note taking of his cases becomes an important part of his work.

The young man with relatively few cases to remember, and a fresh mind which receives impressions easily and strongly, has least need of the notes taken. But the taking of such notes can be of the greatest value to him as training in methodical effective observation and thought. An important part of the value of an internship or clinical assistantship lies in the duty it implies of taking careful notes of cases. Such notes become of vital importance where two or more are concerned in the care of a case.

This recording of cases, if well done, is a very valuable part of training for the writing of papers or books. It demands constant exercise of the judgment as to what is worth writing down. The notes of a case may be as over-burdened with irrelevant and unimportant details as any published paper. Generally they are not. The mechanical labor of writing is an ever present objection to prolixity; and in case note-taking for use in practice, there is no pseudo-importance sought that will be estimated by the number of pages covered. There is rather a constantly present inducement to brevity. One is always seeking to set down what is important, and omit what is not.

Abbreviation and omission may be carried too far. Expressions

that are not clear, sentences that will not read smoothly, disfigure many scientific papers that contain facts of importance. But if one will get the habit of first setting down briefly the important thought, in shape that he can easily recognize, he will have the best basis on which to bestow the additional labor that all good writing entails. Good case notes can be expanded and arranged into a good article; which is impossible if the first draft is radically defective as to the matter it embodies.

Almost as important as the right selection of matter, and its brief, clear expression, is its proper arrangement. We are all accustomed to considering facts in some sort of order. A case is more easily grasped if the essential facts of its history are grouped together, then those of its course, the treatment that may have modified it, and the results that throw light upon it; or the pathologic findings that give significance to what has gone before. Such system is constantly to be striven for in case taking. Even though we often get important facts out of their proper order, convenience of reference to the history tends to keep up the effort to make case taking systematic.

It has been said it was necessary to spoil a hatful of eyes to learn to do a cataract extraction; but they need not be human eyes. It may be necessary to do a good deal of poor writing in order to learn to write good papers on ophthalmic subjects; but they need not be printed. The operator who would spoil many human eyes would lose the chance to operate on them; and the writer who prints all his poor papers will soon be avoided by readers and editors. But the place he can get practice in many of the essentials for a good paper is in taking notes of his cases. Let him give careful thought and attention to this; and it will add to the value and effectiveness of every paper he reads before a society, or publishes in a medical journal.

CONTROL OF THE NEW JOURNAL.

A journal published to serve the needs and interests of its readers, should in large measure be controlled by its readers. This requires some means of making their ideas and wishes effective. Giving advice to the editor as to how his journal ought to be run, or writing to him: "I don't like what you publish, stop my journal," has never proven very satisfactory. Where there can be free competition the possible withdrawal of patronage may do a good deal toward giving effect to the desires of readers. But in the matter of ophthalmic journals, competition must always be limited and very expensive.

The modern effective way seems to be control through a stock company. Not all readers will or can take stock in such a company. But if a considerable proportion do hold stock, all desires that are general among its readers will be known to and respected by the management of the company. To keep the stock in the hands of ophthalmologists, two effective measures will be: to keep down the dividends to a moderate return for money invested, so that the stock will not be especially attractive to speculators; and to provide for the calling in of stock that passes out of the possession of ophthal-

mologists, and re-issuing it to those who will be readers and contributors to the journal.

The amount of stock issued should be limited so that as little as possible of the receipts from the journal should go to paying dividends or interest charges. But it is desirable that the stock should be taken by as many American ophthalmologists as possible. Those who have expressed an interest in the matter will be given an opportunity to subscribe, but it may be that all the necessary capital will thus be offered without any more general appeal for subscriptions.

BOOK NOTICES.

The Ophthalmic Year Book, Volume XIII, containing a digest of the literature for 1916, edited by Edward Jackson, assisted by Theodore B. Schneideman, William Zentmayer, William H. Crisp, Casey A. Wood, Harry S. Gradle, Robert Henry Elliot, Hugo W. Aufm-wasser, Meyer Wiener, Will Walter, Florence Mayo Schneideman, Nelson Miles Black, Charles Zimmermann, Thomas B. Holloway, D. Forest Harbridge, Charles P. Small, Emory Hill, William C. Finnoff, Marcus Feingold, and M. Uribe Troncoso. 8vo, 499 pages, 24 illustrations, and one colored plate. 1917. The Herrick Book and Stationery Company, Denver, Colorado. Price, \$10.00.

In a book of reference the grouping together of all the important papers of a year, that refer to the same topic, is a great advantage. It may even be conceived that a longer period, two or three years, might be still better. One who is on the lookout for the "latest" on a particular subject would find it a long time to wait. But for the student who starts to go over all the literature of his subject, to have it all brought together in a few groups is a great assistance. The annual review of ophthalmology such as this book contains may be regarded as the convenient compromise. There is less reason for a more frequent publication, since the needs of him who wants the "latest" are met by the monthly Index of Ophthalmology.

The form of a digest of the literature adopted in this work differs essentially from that of a collection of abstracts each representing one special paper, such as are to be found in each issue of OPTHALMIC LITERATURE. The abstract generally gives a better idea of the article dealt with. But for the digest it might be claimed that it more completely dissociates the essential thought from its adventitious surroundings, and unites it to the essential thought of other papers properly related to it. The abstract more clearly reproduces the original paper, the digest offers what the reviewer regards as its valuable thought in more readily assimilable form.

The consideration of these features of the Year Book is now timely because it is going to be more or less altered by inclusion in the merger of journals, as announced last month. It is to be hoped that all there is of real value in the present publication will be preserved; and discussion of what is of most value about it will assist toward that result.

The present volume is written and printed in close conformity with its predecessors. The essential parts are the digest of the literature, and the bibliography, supplemented by the index. On the whole the work has been a little better done than in former years. The presentation of the ophthalmic literature of the world, in so far as this was accessible in America during 1916, is a little more complete. From the former list of editorial workers Reber is missed with sorrow. But among the new collaborators we welcome Marcus Feingold and Uribe-Troncoso who by previous writings have demonstrated their fitness for such work.

Transactions of the Second Colorado Ophthalmological Congress, Denver, Colorado, 1916. 8vo, 112 pages, 34 illustrations, one colored plate. Published by the Congress.

This volume is quite similar to that recording the proceedings of the first Colorado Congress, except that it is rather smaller, and contains a larger proportion of papers by Colorado Ophthalmologists. Its reports of discussions are less prolix than those found in many transactions. They show the advantages of having been written out by the speakers, and edited by a secretary with a sense of literary responsibility; instead of being literally transcribed by a stenographer.

Index of Ophthalmology

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Lloyd, R. I. Stereoscopic Campimeter Slate. (3 ill.) Ophth. Rec. v.26, p. 391.

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Abstracts From Foreign Journals

Calderaro. Extirpation of the Lacrimal Glands. (*Annali di Ottalmologia e Clinica Oculistica*, New Series, First Year, Page 35.)

From a series of studies of human patients Calderaro reaches the following conclusions: The abundant and continuous epiphora

persisting after destruction of the lacrimal drainage channels depends in the majority of cases upon an abnormal hypersecretion of the lacrimal glands. This disturbance ceases with removal of the orbital lacrimal gland, and even more surely with removal of the palpebral portion. This latter surgical intervention is easier and quicker, and always more efficacious, because it suppresses at the same time the function of the orbital gland by the destruction of its excretory canals. The lubricating fluid of the conjunctiva, after removal of one of the two glands referred to, is kept always alkaline by the presence of chlorides; it contains traces of albumin. The removal of the orbital gland reduces the quantity of tears below the physiologic mean.

After the removal of the orbital gland there is a period of from two to six days during which the conjunctiva is either not at all or scantily lubricated; subsequently this condition improves and the moistening becomes sufficient to keep the conjunctiva normal. The quantity of tears is then diminished by instillations of cocaine, and increased by local or reflex mechanical irritations. But this increase is always inferior to that which occurs while the lacrimal apparatus is normal.

Removal of the palpebral gland produces abrupt disappearance of the lacrimal secretion, by simultaneous suppression of the secretory contribution of the orbital gland. There is then a period of about ten days' duration, in which the conjunctiva is not lubricated and assumes a xerotic aspect; when the conjunctiva is normal its condition of lubrication improves little by little until it is restored to physiologic limits there being established a vicarious hypersecretion of the subconjunctival glands. This moistening of the conjunctiva is also diminished by cocaine and increased by local or distant stimuli. The lacrimation of crying is much diminished after removal of the orbital gland and is totally lacking after the removal of the palpebral gland.

In old chronic trachoma there are always present changes in the subconjunctival lacrimal glands which may in large part atrophy and disappear; in which case removal of the orbital gland and still more so removal of the palpebral gland may expose the eye to unhappy results from xerosis and conjunctival atrophy. The microbic content of the conjunctiva in case of abundant epiphora following removal of the lacrimal sac is very scanty and inactive even after prolonged bandaging whereas after removal of one of the two lacrimal glands there is an increase in the microbic content and a disappearance of virulent pathogenic germs, especially after bandaging. When the conjunctiva is affected by chronic trachoma the increase in the microbic content is greater, even to the point of compromising the integrity of the cornea.

Removal of the palpebral gland may be executed with impunity when the conjunctiva is normal; but is always contraindicated in extensive and deep forms of cicatricial degeneration of the conjunctiva; in these cases constructive is to be preferred to destructive surgery of the lacrimal drainage channels.

Marchi, F. A. *Trachomatous Pannus in the Form of Tumors.* ("Plasmomas of the cornea.") (*Archivio di Ottalmologia*, 23rd year, p. 611.)

In each of the two cases described, there developed in an eye affected with trachoma a small tumor; in the central region of the cornea in the first case, and in the second case in the bulbar conjunctiva contiguous to the limbus and in the cornea. Clinically these tumors of the cornea were sharply limited, projected from the corneal plane for more than two millimeters, and presented a rosy gray color, convex and irregular surface, and a fleshy consistency. They were thus easily to be confused with sarcomata of the cornea. Their occurrence in similar cases of more or less old trachoma, however, suggests

with great probability that they represent an atypical trachomatous pannus; even though as in the first case reported, the tumor arose from the central region of the cornea without any connection with the corneal limbus or with the bulbar conjunctiva.

The histologic examination in both cases showed an identical structure. The principal mass of the tumor was composed exclusively of plasma cells, with abundant new-formed blood-vessels with extremely thin walls. The tumor rested upon the corneal parenchyma, of which it infiltrated merely the superficial layers; and was covered on the surface by an epithelium which gave origin to numerous prolongations which entered, especially in the first case, deeply into the principal mass of the tumor. The tumors, instead of being malignant, represented a chronic inflammatory process exactly corresponding in histologic structure to trachomatous corneal pannus. The article is accompanied by a number of excellent micro-photographic and other illustrations.

Sunseri, F. Porges' Reaction for Syphilis in Ophthalmology. (*Annali di Ottalmologia e Clinica Oculistica*, New Series, First Year, Page 97.)

Two tables are given. The first indicates the results in eighty cases of various eye diseases, in all of which the result obtained from Porges' reaction was compared with that obtained from the Wassermann test; and in ten of which the Von Pirquet test was also made. (The Porges' reaction is obtained by mixing sodium glycocholate with the suspected serum.) The second table reviews twenty-two cases of various general diseases, in which for the most part the result from Porges' reaction was compared with that obtained from the Wassermann test, but in a few of which the Porges' reaction was compared with the result of a Widal Von Pirquet, or Wright (for Malta fever) test. The eighty cases of the first table yielded twenty-one positive and three doubtful with the Porges, nineteen positive and two doubtful with the Wassermann. In a case of subconjunctival gumma, the Wassermann gave a negative and the Porges a positive reaction, and the syphilitic patient got well under special treatment. Two cases, doubtful with the Wassermann test, were positive with the Porges; and three cases doubtful with the Porges were positive with the Wassermann, all of these patients recovering under specific treatment.

The author therefore considers that the Porges test responds excellently. Positive results were obtained with it in cases of parenchymatous keratitis, iritis, retinitis, optic atrophy, etc. In the twenty-two cases of the second table the tests were made to determine the specificity of the Porges reaction, which was never found to give a positive reaction in non-syphilitic conditions, with the exception of a case of Malta fever. Negative results were given by cases of abdominal typhoid, pemphigus, malaria, and conditions not diagnosed clinically. On the other hand, in two cases of initial syphiloma, only the Porges test gave a positive reaction in the early stage. The author concludes that the Porges reaction is specific as regards ocular syphilis.

Verderame, F. Disturbed Oculo-palpebral Muscular Synergism with Congenital Abducens Paralysis. (*Annali di Ottalmologia* 44th year, page 779.)

The patient, a youth of sixteen years, came for correction of strabismus. There was noted a tendency to turn the head slightly toward the left side. The right eye and its relations were normal in every way. The left palpebral fissure was very slightly narrower than the right. There was an internal strabismus of this eye of twenty-eight degrees. The excursions of the eye up, down, and inward were normal, and there was no suggestion of retraction of the eyeball. When the patient was invited to look toward the temporal side of this eye,

the eyeball stopped at the median line, and did not succeed in going beyond it. When an attempt was made to carry this eye into the extreme external position, the eyeball deviated downward and slightly outward, with a suggestion of rotation inward; at the same time there was observed an evident elevation of the upper lid of the same side, accompanied by a corrugation and raising of the left eyebrow. This phenomenon was absent in every other excursion of the eyeball. When the physician's left thumb was pressed upon the region of the left frontal muscle, against the frontal bone, and the patient was invited to follow the index finger of the physician's right hand to the extreme temporal position, the left eye was again carried as far as the median line and slightly downward, but the elevation of the upper lid of this side was completely lacking. There were no associated movements of the lid in masticating, in opening the mouth, or in convergence. The pupils were equal and the pupillary reactions normal. Under three per cent cocaine, the left palpebral fissure was slightly narrower than the right, and the left pupil dilated slightly less than the right. Double images were not complained of and it was not possible to provoke them. The vision of this eye was counting fingers at five meters, unimproved by correction of a moderate astigmatism. The visual field was markedly limited toward the temporal side.

The case was operated upon by Gonin's method of advancement; that is the external rectus of the left eye was split back for about a half centimeter after dividing its attachment, the posterior end of the split portion of the tendon was then sutured to the tendinous stump, and the two anterior ends were sutured high and low to the corneal limbus. The operative result was reduction of the angle of strabismus to four degrees.

The literature of the subject is reviewed at some length.

Ophthalmic Literature

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Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

THE INDEX OF OPHTHALMOLOGY.

It is proposed to carry this index over into the new journal; and it is desired that when this is done it shall be in a form most convenient for those who may use it. The plans for the new journal are being worked out in detail. It is desirable that every suggestion for improvement of the "Index" should be sent in now. To invite such suggestions the subject is here discussed.

The striking point in the form of the "index" is its arrangement under certain heads, "Diagnosis", "Therapeutics", etc. This is in contrast with the plan followed in many medical journals of arranging titles or abstracts under the name of the journal from which they are taken, or the language in which the original paper was published. The topical arrangement will be maintained, for it is certain that a paper about some subject in ophthalmology is of interest chiefly for the subject it is written about, and not because it appeared in a particular journal or a certain language.

However, there is room for difference of opinion as to what particular headings should be used. Should there be more of them or fewer? Should particular headings be changed? One who was making a special study of the movements of the pupil, might find it more convenient to have a heading devoted to these alone. Yet the heading "Anterior Chamber and Pupil" usually has but few titles to be placed under it. Sometimes these smaller departments, like that for the "Vitreous", or "Comparative Ophthalmology", show no papers at all for a month. To increase the number of headings unnecessarily would surely be a mistake. If there are carefully considered suggestions as to what the headings shall be they will be most welcome.

The plan of giving each title a separate paragraph will be continued. This requires a little more paper than printing a series of titles in a solid column. But it makes it easier to find any particular paper looked for. The "Index Medicus" formerly printed in solid column. At the beginning of the current volume it gave up that plan for the one used in Ophthalmic Literature. A paper is sought on account of its contents, more than because a certain person has written it; but the author's name is such a valuable means of identifying a particular paper that it is well worth while to print it in heavy-faced type, that will quickly attract the eye.

As to details regarding the papers noticed in the "Index", the difficulties are great. It would be quite helpful if an index could indicate the value of each of the papers noticed in it. But at the best only the compiler's impression, formed from a hasty glance at the paper, could be given in a current index; and the compiler's estimate might be far from correct. It is easy to state if the paper is illus-

trated and to what extent, and this is done. It has been suggested, too, that the number of pages the paper occupies might be given. This could be done but it would furnish a poor indication of its value. It would be possible also to indicate whether the reference is to the original paper, or an abstract. But this, too, does not indicate its value, since an abstract is sometimes better to consult than the original paper. Would it in this connection be a help to include, with the name of each journal quoted, the name of the city in which it is published?

Another practical question is, Should the index carry with it in each issue some explanation of how to use it? Or is this sufficiently obvious from the index itself? If some such explanation is desirable more often than once in each volume, suggestions of what this explanation should be, or queries about what are not clear without it are in order. If any reader has been thinking critically upon this subject of the index, this is the time that his criticism will be most helpful.

WAR RESTRICTIONS.

These still contract to a greater and greater extent the sources of supply of Ophthalmic Literature. It will be found that in this number we have noticed six papers of German origin. These titles are all obtained second hand through the French journals. So far as we know there have been no German periodicals devoted to ophthalmology received in America for about a year; while the output of ophthalmic literature in French and Italian has been greatly restricted.

In the last report on the "Progress of Ophthalmology" in the *Archives of Ophthalmology*, the literature is drawn wholly from English, French and American sources, the majority from the latter. This is the more striking since one of the editors is Carl Hess, of Munich; and of the twenty names of collaborators who are supposed to prepare this report, 17 are of European ophthalmologists, and 12 of them German.

In the last number of the *Index Medicus* there is no allusion to any ophthalmic paper from Germany; and the current volume of the *Journal of the American Medical Association* contains no mention of current medical literature from Germany.

BOOK NOTICES.

R. H. Elliot, London. *The Indian Operation of Couching for Cataract*. 8vo, 106 pages, 45 illustrations, 7 plates. London: H. K. Lewis and Company.

This volume incorporates the Hunterian Lectures delivered before the Royal College of Surgeons early in the present year. It opens with a chapter on the history of couching from the writings of the Alexandrian surgeon, Philoxenes, 270 B. C. to the most recent writings and discussions upon it. To this chapter is appended a bibliography of some 32 titles. Then comes a chapter on the technic of the operation, particularly as witnessed and described by Dr. Ekambaram, and one on the Indian Coucher and his habits.

The statistical chapter is based on 780 cases, examined at Madras by Col. Elliot and his successor Major Kirkpatrick. Of these nearly 7 per cent were seen in the first month and nearly

18 per cent in the first six months after operation; for couching still goes on in India. It is a subject of great economic importance, for of these cases less than 22 per cent were capable of corrected vision, equal one-tenth. The comparison with cataract extraction showed an avoidable loss of 60 per cent of eyes submitted to couching.

But the permanent scientific interest of this book lies chiefly in the chapter devoted to the pathologic anatomy of couched eyes, the subject of the Hunterian lectures. This is based upon 54 eyes removed and hardened in 5 per cent formalin. To illustrate the conditions found in these eyes, are devoted 6 of the 7 half-tone plates, including 36 illustrations. The displaced lens is shown in a variety of positions, and a wide range of injuries to other structures are exhibited.

Whether the operation of couching should now be resorted to under any circumstances seems doubtful. But any ophthalmologist, before undertaking it, should certainly read and ponder the contents of this book, and appreciate the full significance of this passage: "From the time of Celsus onwards, surgeons who have had large experience in couching have warned their disciples that it is an operation, much more easy to undertake than to carry to a successful technical issue, and have cautioned them against venturing on it until they have seen it performed many times at the hands of an expert."

American Encyclopedia and Dictionary of Ophthalmology, volume 11, edited by Casey A. Wood, assisted by a large staff of collaborators. Pages 8023 to 8904. Cleveland Press, Chicago, 1917.

This volume brings the work to Ophthalmology, History of, the section on it seeming to be completed, page 8904. Although a larger number of definitions and short articles beginning with N and Ophth. are included the bulk of the volume is taken up, by three articles on Ocular Muscles, 229 pages; Oblique Astigmatism, 50 pages, and Ophthalmology, History of, 380 pages. The section on Ocular muscles began in volume 10, and is continued to page 8253, making in all 368 pages. The larger part of it is signed by "G. C. S.", but there are one hundred pages on Operations on the Ocular Muscles, signed "E. J.". The article on Oblique Astigmatism is also written by G. C. Savage. It deals rather extensively with the effect on the retinal image of cylinders obliquely placed, and with the modifications of ocular position and movement associated therewith.

The history of ophthalmology is a subject hitherto neglected in the English literature; and this account of it, taken with the biographic sketches scattered throughout the Encyclopedia, constitutes the most extended work upon it yet published in the language. But such long sections in the encyclopedia emphasize the need there will be for an index covering the whole of this work. A monograph of 300 to 400 pages, published without any table of contents or alphabetic index, would deserve sharp criticism. A group of such monographs is far from furnishing an ideal book for reference.

Others of the more important articles are those on Myopia by the Editor, on Neurology of the Eye, by Walter R. Parker, and on Operative Skill in Ophthalmic Surgery, by Albert E. Hulsen, Jr.

Transactions of the American Academy of Ophthalmology and Otolaryngology, 1916, 8vo, 383 pages, 9 plates and 43 illustrations in the text. Published by the Secretary, Chicago.

The part of this volume relating to ophthalmology comprises 204 pages. It differs from its predecessors in being better illustrated. Of the 9 plates, three are very creditable reproductions in colors of characteristic clinical appearances in cases reported. The papers here published are given under their appropriate heads in the Index of Ophthalmology. This volume is on the whole very creditable to

those who have had to do with its preparation. But it would be more pleasing and convenient for reference if each page had a heading stating the author's name, or topic discussed; and the two-page index is quite inadequate.

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VITREOUS.

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RETINA.

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OPTIC NERVE.

- Goldenburg, M.** Intraventricular Injections of Antisymphilitic Serum in Primary Optic Atrophy. *Ann. of Ophth. v. 26, p. 433.*
- Krauss, F.** Bilateral Choked Disc Following Thyroidectomy. *New York Med. Jour. v. 106, p. 552.*
- Leroir.** Acute Infectious Retrobulbar Optic Neuritis. (Bibl.) *Ann. d'Ocul. v. 154, p. 411.*
- Mackenzie, G. W.** Ocular Complications in Large Subdural Cyst of Frontal Lobe. *Jour. Ophth. Otol. and Laryngol. Sept. p. 627.*

- Osborne, A. Lumbar Puncture in Papillary Stasis. *Clin. Opht.* v. 22, p. 252. Double Optic Nerve Atrophy. *Clin. Opht.* v. 22, p. 254.
 Repeated Titles. *Gabrieledes* (6, p. 92) *Brit. Jour. Ophth.* v. 1, p. 565.

VISUAL TRACTS AND CENTERS.

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EYEBALL.

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 Vest, C. W. Metastatic Infection in One Eye with *Streptococcus Septicemia*. *South. Med. Jour.* v. 10, p. 740.

LACRIMAL APPARATUS.

- Repeated Titles. *Calderaro* (7, p. 57) *Ophth. Lit.* v. 7, p. 93. *Deimire de Caralt* (7, p. 57) *Ann of Ophth.* v. 26, p. 473.

LIDS.

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 Montgomery, D. W. Disfiguring Affections of Eyelids. *Med. Rec.* v. 92, p. 416.
 Weber, F. P. Herpes Zoster of Lids with Muscular Paralysis. *Clin. Jour.* v. 46, p. 217.

ORBIT.

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 Edmondson, E. E. Krönlein Operation. (2 ill. Ill. *Med. Jour.* v. 32, p. 175.
 Fox, C. A. Orbital Cellulitis. *Int. Jour. Surg.* v. 30, p. 254.
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 Stilwell, H. R., and Coover, D. H. Probable Abscess of Orbit. *Colo. Ophth. Soc. April. Ophth. Rec.* v. 26, p. 473. *Ann. of Ophth.* v. 26, p. 524.
 Repeated Titles. *Azer Wahba* (7, p. 8) *British Jour. Ophth.* v. 1, p. 564. *Calderaro* (7, p. 57) *Brit. Jour. Ophth.* v. 1, p. 565.

PARASITES.

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Repeated Titles. **Demaria** (7, p. 80) *Brit. Jour. Ophth.* v. 1, p. 565.
Maggiore (7, p. 57) *Brit. Jour. Ophth.* v. 1, p. 563.

TUMORS.

- Bane, W. C.** Post-operative Case of Tumor of Optic Nerve. *Colo. Ophth. Soc. April. Ophth. Rec.* v. 26, p. 472.
Bell, G. H. Primary Sarcoma of Iris. (1 pl.) *Arch. of Ophth.* v. 46, p. 427.
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Valentine, J. A. Leuco-sarcoma of Choiroid with Epithelioma of Lip. *Brit. Jour. Ophth.* v. 1, p. 540.
Repeated Titles. **Blanco** (7, p. 57) *Ann. of Ophth.* v. 26, p. 471. **Darler** (7, p. 20) *Ann. of Ophth.* v. 26, p. 464. *Brit. Jour. Ophth.* v. 1, p. 582.

INJURIES.

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Angelucci, A. Eyes of Soldiers and War Wounds. *Arch. di Ottal.* v. 24, p. 113.
Boyd, E. T. Steel in Posterior Lens Capsule. *Colo. Ophth. Soc. April. Ann. of Ophth.* v. 26, p. 521. *Ophth. Rec.* v. 26, p. 471.
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Edwards, S. R. Penetrating and Non-penetrating Injuries of Eye. *Jour. Mich. State Med. Soc.* v. 16, p. 391.
Morax and Desagues. Injury of Lacrimal Apparatus in War. *Ann. d'Ocul.* v. 154, p. 450.
Osborne, A. Burn of Cornea. *Clin. Opht.* v. 22, p. 255.
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Abstracts From Foreign Journals

Maggiore, L. Fly Larva in Episcleral Tissue. (*Annali di Ottalmologia e Clinica Oculistica*, 40th year, page 107).

For eight months the patient, a small boy, had been treated by a number of physicians for a circumscribed inflammation in the upper segment of the scleral conjunctiva of the left eye, without discharge. Finally the doctor and the family noticed that a transparent cyst had formed near the upper sclero-corneal limbus. The upper quadrant of the bulbar conjunctiva showed a large number of dilated veins, superficial and deep. The conjunctiva was elevated; and in the deeper tissue, adherent to the sclera, was a roundish structure about three millimeters in diameter and about one centimeter long, in shape approximating a microscopic cigar. Its contents were of crystalline transparency. At first a diagnosis was made of lymphatic cyst of the subconjunctival tissue; but minute inspection with the binocular microscope revealed the presence of an encysted parasite, disposed in imbricated rings. The organism was removed intact with the point of a knife. Its actual measurement after removal proved to be eight by two millimeters, with tapering ends. It was found to be a fly larva, but the exact variety was not determined.

In every previous case in which larvae have been found present in the eye or its adnexa, the seat of the larva has been the conjunctival mucosa, with the exception of cases described by three authors, in which the larva was encountered in the anterior chamber. Two further points of interest about the case reported by Maggiore were the absence of an inflammatory process and the resemblance of the condition to an ordinary lymphatic cyst of the conjunctiva.

Ovio, E. Visual Illusions of Red. (*Annali di Ottalmologia e Clinica Oculistica*, New Series, First Year, Page 1.)

While seated in a railway train, the author noticed that after having looked at the surrounding country for some time, upon looking at a book in his hands the black type appeared to be bordered on one side by red, having thus the appearance of so-called shaded characters, but shaded with a bright red. The phenomenon lasted a couple of minutes. On the same day, and subsequent days, under the same conditions, the phenomenon was reproduced, although not every time. From this beginning Ovio considers the general subject of visual illusions of red, referring to the chromatic phenomena seen in revolving figures; and discussing the views of various authors as to the existence of a different excitability of the eye for various colors, the phenomena of the insolated eye, the color of the ocular media, and the interpretation of the chromatic phenomenon observed by himself, with its possible explanations.

He comes to the following conclusions:

1. The most plausible hypothesis to explain the chromatic phenomena at the margins of black and white objects in movement is that of a varying excitability of the eye for different colors. This hypothesis is especially supported by the phenomena of persistence of images, by the phenomena presented by secondary images and by the behavior of the chromatic minimum. It is not to be excluded that in some cases the chromatic aberration of the eye may enter as a factor for the production of the phenomenon.

2. The vision of red of the so-called insolated eye is due to the light which penetrates through the walls of the eyeball, which acting for some time lowers slightly the sensibility for red. By this lowering, objective white light gives the sensation of green. Black objects observed in these conditions appear red for two reasons: (a) Because in correspondence with their images the retina which is not acted upon

by pupillary objective light has an after impression of the red sclerotic light, and has the sensation of red. (b) Because the green sensation of those parts upon which the white light falls gives by contrast an impulse to the sensation of red on the parts upon which the white light does not fall, which are those upon which are depicted the images of the black objects. The insulated eye has therefore, from the black and white impression, a double sensation of red and of green. The first, on those parts of the retina where the objective pupillary impression of light is absent or weak, is predominatingly the red sclerotic impression; the second, in the region where the objective pupillary light impression is strong, is overwhelmed by the latter.

3. The eye which looks through colored glasses is under distinctly different conditions from those of the insulated eye, for in the latter the primary chromatic impression is endoptic, and through the pupil light of any color can reach the retina, while in the case of the colored glasses only pupillary light penetrates into the eye, and this is prevalingly of the color of the glass employed.

However, it is also possible to have a double sensation with colored glasses, that is to say of the color of the glass employed, and of the color complementary to this. The first sensation is received when the direct impression predominates; the second sensation when the individual succeeds in forming an abstraction from the direct impression. By means of such an abstraction it is possible to see, through a colored glass, objects in their own color; and by paying close attention it is also possible to see upon these objects the color complementary to that of the glass employed.

4. The phenomenon of the red margin seen by Ovio on black characters is presumably a special manifestation of these marginal chromatic phenomena which seem to be due to a different excitability of the eye for various colors; and Ovio would explain it with a special tremor of the fatigued eye, analogous to the intentional tremor of fatigued fingers and hands.

Kirkpatrick, H. Goggles for Use After Cataract Extraction. (Report of Government Ophthalmic Hospital, Madras, 1916, p. 11.)

To protect the eye after extraction of cataract Kirkpatrick has used as a shield a special form of goggles, made of aluminum accurately shaped to the orbital margin. The two shields are held together by a piece of tape which serves as a bridge, and kept in position by a tape passed round the head above the ears. Each has a large opening in it. For the eye operated on this opening contains a pane of amber glass, while before the unoperated eye it is left free. This sort of protection has been substituted for the dressing the day after operation. These shields have been in use about four months without any bad results and "the eyes appear to be quieter than those under a bandage. In addition to allowing free drainage they have the advantage that the patient is able to see and find his way about by himself shortly after the operation, and this not only exercises a favorable influence on his mental condition, but renders him less likely to interfere with the cover in order to see how his vision is improving, or to find his way about. Patients are not confined to bed after the second day."

Ophthalmic Literature

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Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

THE AMERICAN JOURNAL OF OPHTHALMOLOGY.

This is to be the name of the new journal that will replace the

The American Journal of Ophthalmology,

The Annals of Ophthalmology,

The Ophthalmic Record,

Ophthalmology,

The Ophthalmic Year Book,

Ophthalmic Literature,

Anales de Oftalmologia.

The last was established by M. Uribe y Troncoso, and published in Mexico for 18 years.

This name beside corresponding to that of the **British Journal of Ophthalmology**, formed by the union of all the ophthalmic journals in the British Empire, indicates the representative character that the new journal will strive for; and is also the name of the first ophthalmic journal published in America.

In July, 1862, Dr. Julius Homberger published in New York the first number of the **American Journal of Ophthalmology**. It was published bi-monthly. The last number of the first volume, although dated May, seems to have appeared in August, 1863. The first number of the second volume bears the date of January, 1864, and apparently only two numbers of this volume were ever published.

In 1862 the only ophthalmic journals published were the **Annales d'Oculistique**, begun by Cunier in 1838; **Graefe's Archiv für Ophthalmologie** established in 1854; **The Royal London Ophthalmic Hospital Reports**, established in 1857, and the **Reports of the Netherlands Hospital for Eye Patients**, started by Donders in 1858. It was in 1862 that Zehender began to issue the **Klinische Monatsblätter für Augenheilkunde**, and in the same year that Laurence and Windsor started the first **Ophthalmic Review**, which was published for about four years in London.

In 1862 there was no ophthalmological society in America, no professor or other recognized special teacher of ophthalmology in any American medical college. Specialists were regarded as charlatans, and most of them up to that time had deserved this reputation. It was no wonder that Dr. Homberger's journal, excellent as it was, did not long survive.

When the new **American Journal of Ophthalmology** was started in 1884, by Dr. Adolf Alt, conditions had somewhat changed. The **American Ophthalmological Society** had been meeting regularly for almost 20 years. Ophthalmology had been recognized in one of the Sections of the **American Medical Association**. There were local societies devoted to it. It had a lecturer or professor in each of the

better medical schools. With the help of men like John Green, William Thomson, Wadsworth, Kipp, Hotz, Buller and others, Dr. Alt has been able to make his journal a scientific success, and to maintain it more than one-third of a century.

But this has been accomplished only by effort and sacrifice, and the development of the journal has been hampered by lack of support. The time has now come when there are six thousand or seven thousand medical men in America, who claim to pay special attention to diseases of the eye. It is now as proper to combine the needs and resources of a large proportion of these ophthalmologists, in the establishment of a greater **American Journal of Ophthalmology**, as it was for Dr. Homberger to attempt his first publication, or Dr. Alt, with the assistance of a group of friends to make good what his predecessor had attempted.

This new undertaking is now well started. The existing journals named above have been brought together, a larger income has been pledged to the new enterprise than any ophthalmic journal has heretofore been able to command. The plans for organization of the new journal are rapidly being perfected. This is not the time to announce them. They will in due season announce themselves. But it is the time for any ophthalmologist who has thought of a way in which ophthalmic journals could be improved, to offer his suggestion. All such suggestions will be welcomed and carefully considered.

It is also the time when every ophthalmologist, who is interested in having a good journal, should give the support of his subscription. It is hoped that every subscriber to this journal will now subscribe for its successor. The price for the new journal will be ten dollars per year. This will be less than one-third of the cost of the journals that it replaces. Nearly one thousand subscriptions had been received at a price of fifteen dollars per year. But it is hoped that a much wider circulation can be secured at the lower price. With the cooperation of those who have previously taken the journals to be replaced, this hope will be fulfilled; and the new **American Journal of Ophthalmology** will be as great an advance on its predecessors as was the publication of the original journal where no periodical of the kind had previously existed.

BOOK NOTICES.

Transactions, Section on Ophthalmology, American Medical Association, Sixty-eighth annual session, 1917, 8vo, 388 pages, 27 plates, 18 illustrations. Chicago, A. M. A. Press.

This annual volume has always been of value; and it takes new importance this year because under the altered policy of the American Medical Association, a portion of the papers it contains have not been previously printed in the **Journal of the A. M. A.** The papers contained in this volume number 19, of which 8 have not previously been published in the journal.

The value of a society meeting should lie more in the discussions to which the papers give rise than in the papers themselves. This volume contains discussions of a value unequalled by those to be found in the transactions of any other ophthalmological society. These discussions occupy 75 pages printed in smaller type than the

papers; and they are "abstracts" of discussions. The notes of the discussions taken by the stenographer have been furnished to each speaker, and he has been required to condense his remarks. This largely removes the tendency to diffuseness, the most common defect in scientific discussions. Then, too, the discussion is often the result of careful preparation. All these papers have been previously printed, and distributed to members of the Section in the pre-session volume, so that ample opportunity has been afforded to look up data and choose the points to be presented.

A book like this offered at the nominal price of one dollar, ought to be in the office of every American Ophthalmologist.

Transactions of the Fifth Annual Meeting of the Pacific Coast Ophthalmological Society, 1917. 8vo, 98 pages. Published by the Executive Committee, Spokane, Washington, R. A. Greene, Secretary.

Of the 16 papers contained in this small volume about half relate to Ophthalmology. The titles of these are given in the "Index of Ophthalmology." They contain matter of important interest to ophthalmologists; and the publication of such transactions evidences the scientific activity, energy and courage of the members of this Society. Some of the papers are accompanied by good discussions and the whole publication is creditable to a younger organization far removed from centers of medical publication.

There are some improvements that should be made in future volumes. The absence of anything like a table of contents or alphabetic index, or of page headings, indicating the author or subject, make it difficult to find what the pages contain, with reference to any particular subject.

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Kirkpatrick, H. Etiology of Optic Atrophy. Report Government Ophthalmic Hospital, Madras, 1916, p. 12.

Among 19,893 patients there were encountered 44 cases of optic atrophy. Seven of these were classed as primary and 37 as secondary, but of the latter only three followed acute neuritis. In the other 34 the post-inflammatory changes were very slight, indicating that the preceding inflammation had been retro-bulbar, or exceedingly mild. Of these thirty-four, 32 occurred in males. None of them gave any history of previous severe illness. In 73 per cent. there was reason to suspect consanguinity; but this is very little higher than the percentage of consanguinity in the general population. In 22 out of 26 cases there was a positive Wassermann reaction, and one other patient stated he had had syphilis. In 19 cases the changes only affected the nerve head, and of these 17 had suffered from syphilis. The same number gave a history of consanguinity in the parents, and in 15 patients both conditions were present.

Bardsley, P. C., Retinal Signs of Arterio-Sclerosis and those of Increased Blood Pressure. (Brit. Jour. Ophth., April, 1917).

The writer remarks that there has been little or no advance from the clinical side of the retinal signs of arteriosclerosis since Marcus Gunn laid down the four cardinal signs: Tortuosity of the arteries, variation in the caliber of the vessels, alteration of the normal light streak, and indentation of veins by pressure of crossing arteries.

The writer came to the conclusion some years ago that the prognosis which was regarded as bad in these cases was not so universally unfavorable as was generally believed; in following up the after-history of these patients he found some with very advanced mischief which cleared up under treatment, and in some instances, to his surprise the cardinal signs disappeared. He noticed that these changes could occur with great rapidity after a severe attack of influenza, scarlatina or other toxæmia, and it was impossible to believe that an advanced fibrosis had developed in a few days. He then became certain that these signs did not necessarily indicate arteriosclerosis, but were often due to some accessory cause. After observing the blood-pressure in a number of cases, he came to the conclusion that increased bloodpressure accounted for some of the cardinal signs, and when the former was lowered by treatment the ophthalmoscopic signs of arteriosclerosis diminished appreciably.

It then became important to distinguish between the signs pro-

duced by sclerosis and those due to increased bloodpressure. The following seem to the writer to be the distinguishing characteristics:

In simple high tension: 1. The vessels have an appearance of uniform distension and fullness. 2. The light streak is broadened out; it may be greatly increased, apparently reaching almost the whole breadth of the vessel. 3. The light streak is very much brighter than normal, the brilliancy increasing with the increase of the tension, until with very high tension it becomes like bright copper wire (not silver wire). 4. The tight arteries indent the veins; with medium high tension they indent them slightly, with very high tension they indent them deeply, leading to back-pressure and all its consequences.

The following signs indicate sclerosis: 1. Irregular tortuosity, especially of the smaller twigs. 2. Increased brilliancy of the light streak, while at the same time the light streak appears narrower and more central. 3. Irregularity of calibre and beading are sure indications of sclerosis. 4. General diminution in the size of the vessels and "silver wire" reflex show advanced sclerosis.

Of course, these two conditions of high tension and sclerosis very often coincide, but not always. Artificial raising of the bloodpressure produced the following retinal signs: 1. Increased fullness of the arteries. 2. Increased brilliancy of the light streak. 3. Increased breadth of the light streak. (a) indentation of veins, where previously not indented. (b) increased indentation of veins (in a few cases, very much increased), where previous slight indentation existed. 4. The reduction of all these signs on the return of the blood pressure to its former level.

The writer believes that with experience it is possible to indicate the actual height of the blood pressure in mm. of mercury from the observation of the retinal vessels alone. Thus, where there are no definite signs of sclerosis, he believes: (a) very slight indentation of veins, full arteries with broad light streak, indicates 145-150 mm. (b) very brilliant broad light streak with deeper indentation and slight signs of obstruction indicates 150-160 mm. (c) very brilliant broad light streak with apparent obliteration of veins indicates 160-180 mm. Where the signs of advanced sclerosis are present, the veins may be indented and nipped at lower tensions.

In conclusion he warns of three pitfalls which it is necessary to avoid: 1. Fallacious interpretation of the fundus picture due to blurring when errors of refraction exist and these are not carefully corrected. 2. In patients with severe toxæmia we may see in the retina broad arteries, increased light streak, enlarged veins and slight indentations of these. 3. With a failing heart the stagnation of the blood stream produces swollen veins and the hardness of the artery walls causes them to remain rigidly fixed while the swollen veins appear to be obstructed by the rigid arteries. Keeping these three liabilities to error in mind, the writer thinks it possible for the ophthalmologist to distinguish by means of the ophthalmoscope between increased blood pressure and arteriosclerosis, and to base his prognosis and treatment thereon.

C. H. M.

Castresana, B., *Early Diagnosis of Sarcoma of the Choroid* (Archivos de Oftalmología, Hispano-Americanos, volume 17, page 426).

Three cases are described. In the first, the initial symptom was loss of visual acuity, with the presence of a fixed shadow in the upper part of the field. An early diagnosis was not made in this case, although the patient was seen by several ophthalmologists. Later, there was observed a roundish eminence of dark color, with newly developed blood vessels in its vicinity. The retina was not detached. In the second case the presence of a melanotic sarcoma in the early stage of development was determined by means of a magnifying lens and lateral illumination, the observer, looking in a very oblique direc-

tion, being able to detect a small choroidal tumor near the ciliary processes.

In the third case, the initial symptoms were a defect in the visual field, loss of visual acuity, and an immobile tumor situated in the anterior part of the choroid near the ciliary processes, crossed by blood vessels, and which could be made out with oblique illumination through the dilated pupil, about two millimeters behind the iris. As regards the differential diagnosis of detachment of the retina, there was in this case a detachment in the peripheral part of the tumor, but at the most prominent part of the neoplasm the retina remained adherent and stationary. Whereas the first two patients did not recall any luminous sensations during the early stage, the last patient had noticed, from the beginning of the affection, halos and flashes in the darkness. These luminous sensations are to be explained as due to the first irritations which are produced in the retina by the minute tumor. None of the patients experienced pain in the first stage of the disease.

Dehognes, J. L., *Hemeralopia In Charcoal Burners In Cuba.* (Archivos de Oftalmologia, Hispano-Americanos, volume 17, page 424).

Ten cases are described, all of which occurred in Cuban charcoal burners. Thinking that the breathing in of carbon monoxide might be the cause of the condition, an examination of the blood was made in each case. In every instance there was found a notable reduction in the hemoglobin present, with the other characteristics which are produced by carbon monoxide poisoning. The patients were treated with topics, and a new analysis after two weeks demonstrated a relative return to normal of the blood, contemporaneous with disappearance of the hemeralopia.

Finlay, C. E., *Paralysis of the Superior Oblique Produced by Ethmoiditis.* (Archivos de Oftalmologia, Hispano-Americanos, volume 17, page 380.)

There was homonymous diplopia with lowering and torsion of the image belonging to the right eye, the deviation being increased below and to the right. The diplopia was corrected with a prism of ten degrees base out and one of three degrees base down. There was no history of syphilis or of any affection of the nervous system, nor any apparent disturbance of the cardiovascular apparatus. After four weeks the diplopia was corrected with a prism of one degree base down and one of nine degrees base out. A month later the prism required was five degrees base out and three degrees base down. After this the disturbances almost disappeared, but the patient returned five months after the commencement of the original disturbance on account of a marked relapse. He stated that he had been treated in the meantime for an empyema of the maxillary antrum. An X-ray photograph showed a slight shadow at the upper inner angle of the right orbit. Complete cure followed removal of some polyps and an operation on the ethmoidal sinuses.

Marin, M., *Traumatic Subconjunctival Dislocation of the Lens.* (Archivos de Oftalmologia, Hispano-Americanos, volume 17, page 382.)

The patient, a woman of seventy-five years, had struck the inner side of the left orbit, two days earlier, against the post of a chair in stooping down to the floor. The blow was accompanied by violent pain in the eye, and there was immediate loss of vision. At examination the eyelids were edematous, and the conjunctiva markedly chemotic. There was a moderate hyphema in the anterior chamber, the pupil was contracted, the iris intact, the fundus of the eye inexorable on account of hemorrhage in the vitreous, the ocular tension diminished, the vision light perception with good projection, and the

eyeball tender to pressure in the ciliary region. There was a linear wound of the sclerotic in the upper outer quadrant of the eye, the borders of which were slightly separated by choroidal tissue. This wound was covered throughout by the bulbar conjunctiva, which did not show the slightest solution of continuity. The outer portion of the ocular conjunctiva presented a roundish swelling at a considerable distance from the scleral wound. The swelling, the diameter of which was about that of the cornea, was due to the presence of the crystalline lens beneath the conjunctiva. The lens was removed through an opening in the conjunctiva, after sufficient time had elapsed for cicatrization of the scleral wound.

Ramsay, A. Maitland. *Oculo-Palpebral Prothesis*. (The Lancet, May 12, 1917.)

The writer discusses the use of an eclepharon fitted to a spectacle frame in cases where the lids and orbit are so seriously damaged that the ordinary artificial eye cannot be worn. This long-known but infrequent procedure has assumed considerable importance at the present time due to the large number of head and face wounds which include complete destruction of lids and orbit. The writer cautions that before using this method, every resource of plastic surgery be exhausted to repair the socket so that the lids may hold an artificial eye. However, when this is impossible, a carefully adjusted oculo-palpebral prothesis hides the deformity sufficiently well to be of the greatest aesthetic value.

Every case requires an eye made for its individual needs, and various materials are used to replace the damaged lids. An oculo-palpebral prothesis made wholly of glass gives the most perfect imitation. Müller has mounted such an eclepharon on a silver plate with most realistic results. Other makers have mounted the artificial eye in porcelain, in celluloid, in metal, and in various substances having gelatin as a basis, with obvious advantages and disadvantages. Collins succeeded strikingly in hiding an extensive deformity by a copper plate moulded and painted, to which a glass eye was attached. The writer, in agreement with Coulomb and Ruppe, employs vulcanite on account of the ease with which it can be moulded and painted to harmonize with the surrounding parts of the face. The parts to be reproduced are first carefully modelled in wax from which a plaster of Paris impression is taken; upon this, in turn, the soft rubber is moulded and thoroughly vulcanized. The artificial eye is cemented to the vulcanized lids which are colored to match the surrounding parts and the prothesis is attached to a spectacle frame. The lens in front of the sound eye corrects any error of refraction which may be present, while that in front of the artificial eye is of the curvature giving the best cosmetic result. All cicatricial contraction should as far as possible be completed before the eclepharon is adjusted so as to prevent the necessity of readjustment. The article includes the histories and photographs of four cases successfully treated by Ramsay according to the above-described device.

C. H. M.

Santos Fernandez, J. *Aphakia and Military Service*. (Archivos de Oftalmologia, Hispano-Americanos, volume 17, page 449.)

The recent discussion of this subject, including an article by Aubineau entitled "The Value of Aphakia from the Military Point of View," leads Santos Fernandez to relate the following case: A traumatic cataract in a youth of sixteen years was disposed of by needling. The patient obtained full visual acuity with a correcting lens of ten diopters. The other eye was blind. With a bifocal lens before the seeing eye, the patient was in the author's opinion useful for work in general, and for military service in particular.

Ophthalmic Literature

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Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

OPHTHALMIC YEAR BOOK AND LITERATURE.

In referring to their history, the Year Book should be mentioned first, for it was begun in the summer of 1903, the first volume dealing with the literature of 1903 being published in May, 1904. Ophthalmic Literature was an outgrowth of the Year Book, begun in 1911 and originally thought of as a means of getting the literature classified and catalogued, so that it could be more conveniently and completely reviewed by a growing staff of collaborators.

Underlying both undertakings was the desire that the literature of ophthalmology might all be placed at the command of the ophthalmologist who wished to use it, and within a reasonable time after its publication. The only serious attempt in this direction, to refer to all the literature of ophthalmology, that had been made previously in English, was often two years or more behind the literature, and was in the form of separate abstracts of the articles noticed. This was also the form of the publications then appearing in French and German, and most nearly resembling this journal and the Year Book.

The Ophthalmic Year Book adopted the form of a digest, in which the various articles on the same topic were incorporated into a single finished review—a form that has proven of greater practical value to the larger number of readers. For the special student of a subject, the annual bibliography in the Year Book, and later the monthly "Index" in Ophthalmic Literature, have given the clue to every paper obtainable, dealing with each particular topic.

The undertaking was one of a magnitude that only a small number of students of the literature of ophthalmology could appreciate. It has been greater than it otherwise would have been—needlessly great, because of the duplication of references, through publication of the same paper in different journals and especially by the numerous abstracts of the same article that appeared in different ophthalmic journals. Yet all these different journals must be searched to make sure that something might not be missed that had appeared in only one of them.

With the combination of American ophthalmic journals now brought about, a broader basis of support and a wider circle of readers have been secured for the Year Book and Ophthalmic Literature. But in all essentials they will be continued. Each month the new *American Journal of Ophthalmology* will have the titles of papers as given here in the "Index," and it will also give a digest of the literature, similar to that heretofore published in the Year Book. This digest will be paged independently of the remainder of the journal, but continuously with itself, so that at the end of the year it can be bound together to constitute a volume closely resembling its predecessors of

the Year Book. And it will be supplied with its own bibliography and index. The subscribers for the new journal will get the Year Book and Ophthalmic Literature at the lowest price they have been able to get them heretofore, and in addition a great deal in the way of original articles, abstracts, illustrations, news, etc., that were formerly obtainable only by taking several other journals.

AMERICAN ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY.

The Fellows of the Academy have heretofore, by paying their dues in advance, enjoyed the opportunity of getting *Ophthalmic Literature* through the arrangement made by the Academy with its publisher. With the merger of journals this opportunity ceased. But the Academy, desiring to continue to its members the benefits offered under the old arrangement, has offered to devote one dollar of the Academy dues to helping each Fellow who expresses the desire to do this to pay for the annual subscription for the new *American Journal of Ophthalmology*. To take advantage of this offer, the Fellow must express his desire to do so, must pay his dues promptly, and must send his annual dues and also his part of a subscription to the journal, amounting in all to fourteen dollars, to the Treasurer of the Academy, Dr. S. H. Large of Cleveland, Ohio.

THE FINAL NUMBER.

Although it will not appear until after the first number of the new journal, there will be one more number of *Ophthalmic Literature*. This will be like the usual December number, completing the index of the year's literature for 1917, and containing the annual indexes of authors and topics.

Index of Ophthalmology

DIAGNOSIS.

- Ferree, C. E., and Rand, G. Radiometric Apparatus for Use in Psychologic and Physiologic Optics. *Psychol. Monog.*, v. 24, p. 1.
- Ives, H. E. Lippmann Color Photographs Sources of Monochromatic Light in Photometry and Optical Pyrometry. *Jour. Optical Soc. Amer.*, v. 1, p. 49.
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Repeated Titles. **Hesse** (v. 7, p. 52) *Arch. of Ophth.*, v. 46, p. 592.
Pincsohn (v. 7, p. 52) *Arch. of Ophth.*, v. 46, p. 590.

OPERATIONS.

Patton, J. M. Protective Eye Shield. (2 ill.) *Ophth. Rec.*, v. 26, p. 561.

Repeated Titles. **Kalt** (6, p. 20) *Brit. Jour. Ophth.*, v. 1, p. 709.

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Bell, D. H. Ocular Headaches. *Northwest Med.*, v. 16, p. 331.

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Repeated Titles. **Ziegler** (v. 7, p. 65) *Amer. Jour. of Ophth.*, v. 34, p. 307.

OCULAR MOVEMENTS.

Leonard, P. J. Operation for Squint. *Med. Herald*, v. 36, p. 179.

Löhlein. Psychogenous Paresis Simulating Bilateral Paresis of Extrinsic Eye Muscles. *Klin. M. f. Augenh.*, v. 56, p. 541. *Arch. of Ophth.*, v. 46, p. 605.

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Urbantschitsch. Reflex Nystagmus. *Abst. Arch. of Ophth.*, v. 46, p. 605.

Wehrli. Six Cases of Latent Nystagmus. *Klin. M. f. Augenh.*, v. 56, p. 444. *Arch. of Ophth.*, v. 46, p. 604.

Woodruff, H. W. Tendon Transplantation of Eye Muscles. *Ophth. Rec.*, v. 26, p. 545.

Repeated Titles. **Bielschowsky** (7, p. 40) *Arch. of Ophth.*, v. 46, p. 603.
Finlay (v. 7, p. 88) *Ophth. Lit.*, v. 7, p. 119.

CONJUNCTIVA.

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Abstracts From Foreign Journals

Blanco. Osseous Tumor of the Orbit. (Arch. de Oftalm. Hispano-Amer.) describes a case of this very infrequent disease. A girl 19 years old noticed a swelling on the upper part of her left eye and came into consultation. There were no available data, and the patient did not remember having had any traumatisms. Examination showed a tumor that merged into the orbital border, and free from the skin and fasciae. On the affected side the eye could not be opened so much as on the other side, and there was diplopia only on looking towards the left. On this movement the eye could not follow its fellow and became deviated to the outside and downwards. The deviation was similar to that caused by the paralysis of the inferior oblique of the left eye. A diagnosis of osseous tumor of the orbit was made. The patient was operated and the tumor resected very easily. The eye was not affected by the tumor and the patient recovered very shortly afterwards. The pathological examination of the tumor confirmed the diagnosis. The frontal sinuses were entirely free from any ramification of the tumor. F. M. F.

Fernandez. Ocular Invasions of Gonococcus Toxines. (Arch. de Oftalm. Hispano-Amer.) describes several cases of endogenous disease of the eye, due to the gonococcus, and calls attention to the importance of treating the local focus of the disease, that almost always is in the urethra. F. M. F.

Hall, J. T. The Economical Use of Cocains. (Brit. Med. Jour., June 9, 1917.)

The present high price of cocaine makes it important to avoid

waste, which exists with the usual method of employment by cotton, which allows a considerable proportion of the solution to remain on the cotton. Moreover, solutions of the drug deteriorate with age and then have to be discarded. For some years Hall has used glycerin of starch (glycerine amyli B. P.) as a vehicle for the local application of cocaine muriate, and has found this satisfactory and economical. The advantages are: 1. The preparation keeps indefinitely and does not evaporate or dry up. 2. It can be applied to skin or mucous membrane without cotton, being simply spread over the surface as thickly or thinly as desired. 3. It is very absorbable. 4. It can be prepared of any strength. 5. It is as convenient to handle as an ointment, but devoid of the greasiness of the latter. C. H. M.

Jimenez, P. Koch-Weeks Conjunctivitis In Spain. (Archivos de Oftalmología Hisp.-Amer.)

In Spain the young children are more liable to suffer from this disease, being generally contracted at school. The disease is more frequent during the months of September to December and frequently assumes an epidemic character. The months of April, May and June also have some cases, but not so abundant as in the ones previously mentioned.

Lawson, A. Fur Infection of the Conjunctiva From Cats. (Brit. Jour. Ophthalm., May, 1917.)

All of his three cases occurred in children in clean homes. The first example presented bilateral acute purulent conjunctivitis, with much discharge and chemosis and with swelling of the nose. Energetic treatment on conventional lines led gradually to recovery without damage to the eyes. The staphylococcus pyogenes aureus was found in abundance in the eye discharge, and was also isolated from the fur of a pet cat held responsible for the inflammation.

The second case, occurring in a boy of 14, presented an involvement of the left eye—marked swelling of the lids, coarse conjunctival granulations, exuberant granulation tissue near the fornix, great chemosis and abundant muco-purulent discharge. With these there were swelling of the entire left side of the face and enlargement of the parotid gland and glands of the neck. Treatment, consisting of cutting and scraping, nitrate of silver, argyrol and weak copper drops succeeded in effecting a cure in six weeks. Examination of the scrapings showed streptococcus longus and brevis and staphylococcus albus. In the swabbing of the skin of a pet cat of which the boy was very fond, streptococci similar to those in the lid scrapings were found.

The third and worst case was in a girl of 5. Here an obstinate muco-purulent conjunctivitis of a mild type developed, accompanied by enlargement of the submaxillary and sternomastoid glands of the same side. After three months the fornix of the upper lid presented a mass of exuberant cock's-comb granulations, which, with the cervical glandular enlargement, led to a suspicion of tubercle. The conjunctiva was treated by cutting and scraping and silver nitrate, and returned to a normal condition. The glands of the neck had to be operated upon. The scrapings from the conjunctiva showed tubercle bacilli of the bovine type. The guilt of the cat, who inhabited the farmyard, could only be fixed by circumstantial evidence. C. H. M.

Leoz, G. Ocular Sporothricosis. (Arch. de Oftal. Hispano-Amer.) describes three cases in which the sporothricum was present in the eye. The symptoms were similar to those of some syphilitic affection. But the absence of any luecic history and the presence of the mycelium, made the diagnosis easy. The treatment recommended consists in high doses of iodides. F. M. F.

Penichet, J. M. *Trachoma in Cuba*. (Arch. de Oftal. Hispano-Amer.) describes the far-reaching studies made in Cuba by the ophthalmic surgeons of that country. The figures relating to the percentage of cases differ greatly, and the author believes that in many cases the diagnosis of trachoma is made on cases of neglected conjunctivitis. The severe rules dictated by the sanitary officers make it imperative to diagnose as trachoma cases that are really not of that character. According to the author, the figures given by the different surgeons are as follows, in proportion to the cases of ocular diseases:

Santos Fernandez (1882-1888).....	1.27%
Lopez (1888-1889)	3.50%
Santos Fernandez (1889-1893).....	3.25%
Finlay (1903)	6.22%
V. Gomez (1903).....	8.00%
F. M. Fernandez (1908-1911).....	10.15%
J. M. Penichet (1911).....	15.25%
H. Ferrer (1912).....	3.50%
J. M. Penichet (1915).....	4.00%

The author has changed his point of view concerning the number of Trachoma cases in Cuba because of the reasons given. With reference to the treatment the author has had some experience with the autogenous treatment, but the results have been unsatisfactory in the uncomplicated cases.

F. M. F.

Traquair, H. M. *Bitemporal Hemiplopia: Special Features and Current Theories of the Field Defects*. (Brit. Jour. Ophthalm., April, May and June, 1917.)

The writer has produced a very interesting article on this subject, abounding with many references to the literature and illustrated with many case histories and diagrams of fields. It is impossible to give a satisfactory abstract. The conclusions, some of which are only tentative, are the following:

1. The perimetric defects in bitemporal hemiplopia follow a typical or normal course of development. Commencing in the upper-outer quadrant, the field is involved in a circular manner, the loss proceeding clockwise in the right field and counter-clockwise in the left, so that the upper nasal quadrant remains longest. This is the typical course and occurs in the majority of cases, but, naturally, not in all.

2. The central defect or scotoma behaves in the same way, developing like a little field within the field.

3. This type of field defect is due to interference with the chiasmal fibres, but is largely independent of the exact nature of the ultimate cause. It occurs in bitemporal hemiplopias from a variety of causes.

4. The immediate cause is very probably a chiasmal neuritis; a lesion comparable to that which, acting in the optic nerve, produces the symptoms of retrobulbar neuritis.

5. The cause of this chiasmal neuritis is not definitely known. In all probability it is set up by pressure in many cases. The access to the chiasmal fibres of irritating toxic substances derived from the causal lesion may be the cause, and the presence of these substances may in some cases indirectly arise from pressure. In some cases the chiasma may directly participate in an inflammatory process. The relation of the infundibulum to the chiasma is very probably of importance.

6. In tumor cases, and probably in some cases without tumor, mechanical pressure effects also act, mainly in the later stages when the tumor has reached a relatively large size.

7. In the later stages the normal type of progress of the field changes may be "swamped" by pressure effects and greatly altered.

8. These observations provide evidence from the clinical side in support of the looped arrangement of the fibres in the chiasma.

9. They may also indicate that the papillo-macular bundle forms a little chiasma within the chiasma and that its fibres are similarly arranged.
C. H. M.

Tuto, R. **Cataract Operation in Children.** (Arch. de Oftal. Hispano-Amer.) believes that the majority of the ocular surgeons are leaving the old treatment of congenital cataract by means of the needling. He says that the simple extraction or the combined extraction are getting into favor. The author is in favor of the combined extraction, but in two operations. By this method there is no inclusion of the iris in the wound, and the surgical reaction is very short. F. M. F.

Bourgeois, A. **Notation of Astigmatism.** (Archives d'Ophthalmologie, v. 35, p. 641.)

To simplify and secure uniformity for the notation of astigmatism, Bourgeois proposes the use of a clock dial, divided into minutes and half-minutes. The direction of the meridians would be indicated as so many hours and minutes and the half. Each half-minute division on such a scale would represent three degrees, the 120 half-minutes in the hour corresponding to the 360 degrees in the circle. For the right eye, the zero would begin on the nasal side at three o'clock, the temporal side being nine o'clock. For the left eye, three o'clock would be placed at the temporal side, and nine o'clock at the nasal.

The graduation upon the trial frames would correspond to the lower half of a clock dial. However, it would not be necessary to change the graduation already supplied on the trial frames. Each fifteen degrees on the frames would correspond to two and one-half minutes on the clock dial, or each hour would correspond to thirty degrees. A table is given showing the equivalents in degrees of each division on the clock dial. By this system, a prescription for O. D. cyl.-1.25, ax. 3 h. 1 m. would correspond to cyl.-1.25, ax. 174°.

NOTE.—The initials C. H. M. appended to some of the above abstracts are those of Charles H. May, of New York, and the initials F. M. F., are those of Francisco M. Fernandez, of Havana, Cuba. These gentlemen have furnished abstracts to *Ophthalmology*, and with the discontinuance of that journal preliminary to the merger of journals, some of the abstracts they had prepared have been placed at the service of *Ophthalmic Literature*. Both of them are expected to assist in the work of the new *American Journal of Ophthalmology*.

E. J.

Ophthalmic Literature

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Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

INDEXES.

The present number, completing volume seven, is largely given over to the annual indexes. These are three—the Book Index, the Index of Authors' Names and the Index of Subjects. The Book Index indicates where reviews or briefer notices of books published during the year are to be found. Knowing an author's name, one may find in the Index of Authors references to all papers he has published during the year. Where references to a particular subject are sought, the Index of Subjects is to be used very much as an ordinary book index.

If it is desired to cover the ground very thoroughly it will be best to go over each number of the year and examine the particular headings under which that subject might be mentioned. For example, in looking up traumatic cataract, one might examine the list of papers on "Crystalline Lens" and also papers upon "Injuries."

The repeated titles often render accessible the essential part of a paper, the original of which would be entirely out of reach. These give (in brackets) after the author's name, the volume and page of **OPHTHALMIC LITERATURE** where the title of the paper will be found, then the journal, volume and page where the translation or abstract is published.

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A CHANGE IN FORM.

The readers of **OPHTHALMIC LITERATURE** are already familiar with the fact that it has been merged with other journals to form the new **AMERICAN JOURNAL OF OPHTHALMOLOGY**, and will no longer appear in its present form.

For seven years The Index of Ophthalmology has been the most complete list of papers on the subject published in any language. Of course this will be continued in the new journal, and it is hoped will be made still more complete. The Editorial Department will be continued with a much wider basis of support from trained writers. The Abstract and Review Departments of the new journal will far exceed anything that has been possible in Ophthalmic Literature. Certainly

no one who has appreciated this effort will fail to secure the new journal.

Our efforts have been appreciated. This has been the highest priced medical journal for its size that has been offered to the profession. Yet from the first volume the subscriptions to it have paid for its printing and circulation, something that cannot be claimed for the majority of special journals. It is this support that has given assurance of the success of the large undertaking upon which we are now entering. This journal has taken as large and important share in bringing about a new American Journal of Ophthalmology as any of its older and more impressive coadjutors in the enterprise. All who have supported Ophthalmic Literature will rightly share in the credit for any benefit that its successor may confer on the profession.

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TOXIC AMBLYOPIAS.

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EYEBALL.

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LACRIMAL APPARATUS.

- García del Mazo, J. Extirpation of Lacrimal Sac in Dacryocystitis. *Arch. de Oft. Hisp.-Amer.*, v. 17, p. 562.

LIDS.

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ORBIT.

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TUMORS.

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INJURIES.

- Allport, F.** Removal of Steel From Interior of Eye by Magnet. *Ill. Med. Jour.*, v. 32, p. 395.
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INDEX OF AUTHORS' NAMES.

Parenthesis indicate a repeated title. Numbers in heavy-face are pages of abstracts in Ophthalmic Literature.

- Abe, 125.
 Abelsdorf, 56.
 Adam, C., 20, 44, 45, 82, 123, (127).
 Adams, C. T., 9.
 Adams, L., 69.
 Adams, P. H., 17, (31).
 Adams, W. H., 66.
 Adler, (79).
 Akatzuka, 34.
 Alajmo, L., 116, 123.
 Albarenque, J. M., 75, 78, 81.
 Alexander, E. W., 34.
 Allen, H., 80.
 Allport, F., 22, 89, 93, 105, 106, 116, 124, 127, 137, 138.
 Almkvist, 16.
 Alt, A., 20, 115, 125.
 Amadeo, S. B., 70.
 Amalric, 115.
 Amorette, E., 77.
 Amsler, M., (31), 42.
 Andrade, C., 55.
 Andrew, J. H., 29.
 Andrews, J. A., 55.
 Anduyned, 136.
 Angelo, G. de, 19.
 Angelucci, A., 71, 105, 112, 113, 115.
 Anthony, E. G., 112.
 Antoni, N., 4.
 Appleman, L. F., 114.
 Aquino, P. B., 81.
 Arana, (70).
 Archambault, L., 111.
 Argafaraz, R., 20, 42, 80, 82, 90, 138.
 Arisawa, 128, (138).
 v. Arlt, F. R., 43, (79).
 Arnaldes, P. A., 40.
 Arps, G. F., 68.
 Aub, J. C., 80.
 Aubaret, 67, (79).
 Aubineau, (16), (22).
 Auer, E. M., 34.
 Avery, R. F., 76.
 Axenfeld, T., 39, 40, 113, 126, (137).
 Aymard, J. L., 127.
 Azer Wahba, 7, 8 (24), (32), (104).
 Babbitt, O. M., 102.
 Bacchi, 27.
 Bahadur, R. H. S., 78.
 Bahn, C. A., 58, 106, 116.
 Bailey, H., 5, 101.
 Bailleur, (127).
 Baillart, P., 78, 93.
 Ballantyne, A. J., 3, 31.
 Banaji, B. P., 17, 41.
 Bane, W. C., 15, 20, 67, 69, 103, 105.
 Banos y Brena, 134.
 Bardsley, P. C., 30, 42 (117), (126).
 Barge, M., 7, 30.
 Barkan, H., 78, 81.
 Barnes, J. H., 116.
 Barnett, G. D., 104.
 Barraquer, I., 5, 66, 90, 136.
 Barré, A., 113.
 Bartels, 81.
 Bassoe, P., 7.
 Basterra, 88, 112, 135.
 Bates, W. H., 18, 104.
 Bauer, 22.
 Baum, H. L., 32.
 Bauman, J. E., 112.
 Baumeister, 136.
 Beaumont, W. M., 134.
 Beauvieux, 43, 79.
 Beck, J. C., 46, 58.
 Becker, H. M., 66.
 Bécère, 33.
 Bedell, A. J., 79.
 Begle, H. L., 8.
 Behr, 19, 43.
 Belgeri, F., 138.
 Bell, D. H., 123.
 Bell, G. H., 56, 105.
 Belot, J., 69.
 Benjamins, C. E., 7, 19.
 Bentzen, (58).
 Berg, 20.
 Berger, E., 104, 111.
 Berglund, 16.
 Bergmeister, (41).
 Bernheim, P., 27.
 Bernstein, E. J., 66, 91, 137.
 Berrisford, P. D., 115.
 Berry, G. L., 4.
 Bertemes, (16), 125.
 Besenbauch, 6.
 Best, 39.
 Beuttenmüller, (103).
 Bianchi, L., 41.
 Bianco, F., 21.
 Bichon, A., 111, 128.
 Bielschowsky, 40, (123).
 Billancioni, G., 9.
 Billström, J., 137.
 Birch-Hirschfeld, A., 31, 58, (58).
 Bissell, E. J., 14.
 Bistis, (30), (78).
 Blaauw, E. E., 100.
 Black, M., 15, 27, 32, 66, 68, 69, 70.
 Black, S. O., 69.
 Blackburn, W. J., 125.
 Blake, E. M., 4, 18, 125.
 Blanco, T., 52, 53, 55, 57, 58, (100), (105), (120), (138), (139).
 v. Blarcom, C. C., 70.
 v. Blascovics, L., 19.
 Bloch, C. E., 54, 59.
 Boehm, 45, (78), (81).
 Bollack, 28.
 Bonacker, A. A., 44.
 Bonnefon, G., 125.
 Boot, G. W., 46.
 Bordley, J. Jr., 134.
 Boström, C. G., 31.
 Botteri, A., 17, 101.
 Bourdier, 8, (21), (92), (116).
 Bourgeois, A., (132), 134, 139.
 Bowman, F. B., 116.
 Boyd, E. T., 15, 17, 28, 66, 105.
 Boys, A. H., 54.
 Bradburne, A. A., 17, 88.
 Bramwell, B., 59.
 Braunschweig, 78.
 Brannick, C., 129.
 Brav, A., 21, 93, 138.
 Briggs, H. H., 53, 88, 100.
 Bronson, E., 54.
 Brose, L. D., 123.
 Brouwer, B., 19.
 Brown, E. V. L., 5, 66.
 Brown, J. E., 106.
 Brown, S. H., 6.
 Brownell, M. E., 66.
 Brownfield, R. R., 112.
 Broyles, C. J., 65.
 Bruder, J., 33, 56.
 Bruner, W. E., 88.
 Brunetière, 115.

- Bryan, J. H., 46.
 Buchanan, L., 46.
 Bulson, A. E., Jr., 92, 106.
 Burch, F. E., 105.
 Burge, W. E., 20, 67.
 Burger, H., 44, 116, (139).
 Burke, H. A., 3.
 Burnett, T. C., 64.
 Burns, H. R., 31, 54, 105.
 Burns, J. C., 20, (69).
 Busto, T., 75.
 Buti, G., 106.
 Butler, T. H., 8, 76.
 Buxton, L. H., 54.
 Byers, W. G. M., 136.
 Cabaut, 80.
 Cady, F. E., 15.
 Calderaro, S., 45, 57, (98), (104).
 Caldora, 44, 80.
 Calhoun, F. P., 19, 45, 128.
 Camp, C. D., 126.
 Campbell, J. A., 68, 115.
 Campbell, K., 115.
 Campbell, M. G., 102, 114.
 Campos, E., 16, 112.
 Cantelli, 81.
 Cantonnet, A., 59, 82, 106, 137, 138, 139.
 Capel, M., 81, 124.
 Caralt, 29.
 Carhart, W. M., 4, 88, 106.
 Carlotti, (127).
 Carpenter, E. R., 21, 137.
 Carpenter, E. W., 89.
 Carr, A. M., 66, 102.
 Carrasco, E. A., 19, 80, 82.
 Carreras, B., 64.
 Carter, J. C., 5.
 Carter, R. R., 137.
 Cary, E. H., 22.
 Casolino, L., 58.
 Castañer, M. J., 30.
 Castex, M., 4.
 Castresana, B., 92, (118), (128).
 Cavara, V., (10), (11), (17).
 Cavazzani, 112.
 Cecchetto, E., 92.
 Chalmers, A. K., 105.
 Chamberlin, W. B., 80.
 Chance, B., 4, 8, 29, 32, 66, 67, 68, 69, 78, 89, 90.
 Chappé, T., 64, 101.
 Charles, J. W., 31, 46, 116.
 Charlin, C., 9.
 Chistyakoff, P. I., 8, 54.
 Christian, H. A., 116.
 Cilleruelo, 66, (78).
 Cirincione, G., 82.
 Claiborne, J. H., 33, 41, 43, 45.
 Clapp, C. A., 45, 76.
 Clarke, E., 27, 77, 111.
 Clegg, J. G., 29, 66, 102.
 Clothier, J., 15.
 Cobb, P. W., 14, 18.
 Coblentz, W. W., 129.
 Coderque, R., 90.
 Cohen, M., 4, 44, 56, 79.
 Coleman, W. F., 8.
 Collette, H., 77.
 Colin, A., 102.
 Collins, 114.
 Collins, E. T., 66, 78, 114.
 Collins, G. E., 4.
 Collins, W. J., 105.
 Compere, D. E., 31, 70, 123.
 Comstock, C. E., 93.
 Condat, 68.
 Condorelli-Francaviglia, M., 76, 123.
 Conlon, F. A., 89.
 Conner, E., 33.
 Cook, W. A., 28.
 Coover, D. H., 65.
 Cords, R., 20.
 Corry, M., 17, 78, 88.
 Cosse, 16, 31, 40, 82, (19), (28).
 Coulomb, R., 34.
 Cousin, G., 17, (90), 138.
 Coutela, 79.
 Cozzoli, G., 56.
 Crawford, J. M., 100.
 Crawford, J. P., 65.
 Cridland, B., 64.
 Crigler, L. W., 56, 58.
 Crile, G. W., 8.
 Crisp, W. H., 27, 65, 105, 115.
 Cross, F. R., 54, 69.
 Crossley, E. R., 134.
 Cruise, R. K., 70, 93.
 Crzellitzer, 103.
 Cuénod, A., 104.
 Cuevas, Pulido, 116.
 Cunningham, J. F., 92.
 Cuperus, N. J., 39.
 Curran, J. F., 115.
 Curry, G. E., 136, 138.
 Curtin, T. H., 78.
 Cutler, C. W., 22, 40.
 Cutting, J. A., 124.
 Dabney, S. G., 4.
 Daland, J., 9, 34.
 Dandy, W. E., 43.
 Danis, M., (20).
 Dantrelle, (91).
 Darier, A., 15, 20, (53), 55, (56), 64, (64), (78), 100, (102), (105), (113), 136.
 Darling, C. G., 16, 55, 102.
 Davidson, L. J., 17.
 Davies, D. L., 80, 113.
 Davis, E. M., 139.
 Dean, W. L., 46.
 Dehogues, J. L., 90, 112, (119), (126).
 Dejerne, J., 19.
 Delmiro de Caralt, 57, (65), (104).
 Delord, 16, (28), 31, 40.
 Delorme, (28), (76).
 Demaria, E. B., 22, 44, 76, 77, 80, (89), (105).
 Denti, F., 20.
 Denzer, G., (58).
 Derby, G. S., 80, 101, 116, 124.
 Dernehl, P. H., 90, 102.
 Desauges, 105.
 Desogus, R., 92.
 Dianoux, 68, (137).
 Diaz Rodriguez, S., 27.
 Djakow, 134.
 Dimitry, T. J., 44, 68, 80, 88, 89, 91, 100.
 Dimmer, F., 136.
 Disson, 54.
 Distler, 128.
 Dixon, G. S., 14.
 Dodge, R., 15.
 Dolcet, 30.
 Dolger, 57.
 Donohoe, W. D., 128.
 Dor, L., (33), 45, 53, (92), 101, 104, 105, (105), 106, 114.
 Dore, (69).
 Doretti, D. R., 82.
 Dorff, (28).
 Dorno, C., 14.
 Doubler, F. H., 126.
 Duane, A., 79.
 Dubar, L., 88.
 Dulaney, O., 113.
 Dunlap, K., 14, 18.

- Dunn, J., 54, 102.
 Dunn, P., 59, 93.
 Dutoit, (126).
 Dutrow, H. V., 40.
 Duverger, 137, 138.
 Dwyer, J. G., 127.

 Eason, H. L., 93.
 Eaton, E. M., 138.
 Edmondson, E. E., 40, (77), 104.
 Edridge-Green, F. W., 79.
 Edwards, J. G., 33, 58, (105).
 Edwards, S. R., 105.
 Eleonskala, V. N., 137.
 Ellett, E. C., 41, 66, 67, 124, 125.
 Elliot, R. H., 17, 22, 30, 42, 67, 78, 140.
 Ellis, H. A., 88.
 El-Rasheed, A. F., 6.
 Elsberg, C. A., 43.
 Elschmig, A., 47, (53), 103.
 Emmert, F. N., 75.
 Epstein, J., 125.
 Erggelet, 18.
 Evans, C. A., 58.
 Evans, J. J., 90, 126.
 Ewart, R. J., 92.
 Ewing, A. E., 3, 90.

 Fage, (78).
 Fagin, R., 5, 6, 8, 42, 100.
 Faith, T., 105.
 Falchi, 42.
 Fava, A., 80.
 Felchenfeld, 6, 14, 18, 22, 43, (60), (67), (79).
 Feingold, M., 30, 103.
 Fekete, S., 20.
 Fellows, C. G., 125.
 Fenton, R. A., 117, 129.
 Fergus, F., 34.
 Ferguson, E. S., 16.
 Fernandez Castro, A., 76.
 Fernandez de la Cruz, 89.
 Fernandez, F. M., 68, 76, 81, 112, (120).
 Ferree, C. E., 68, 122, 139.
 Ferro, P. B., 76, 115.
 Flessinger, N., 46.
 Figueras Pares, 32, 40.
 Filatow, V. P., 136.
 Findlay, E. K., 6.
 Finlay, C. E., 88, (119), (123).
 Finnoff, W. C., 30, 34, 105.
 Finzi, N. S., (58).
 Firket, J., 139.
 Fischel, A., (137).
 Fischer, 4, 9.
 Fischer, V. B., 29.
 Fisher, J. H., 14, 17, 69, 114, 136, (137).
 Fisher, W. A., 30, 140.
 Fleischer, 42, 43, 115, (127).
 Fleming, N. B., 20.
 Foroni, C., 4, (75).
 Forsythe, W. E., 15.
 Foster, M. L., 135, 140.
 Foster, N. B., 102.
 Fox, C. A., 104.
 Francaviglia, M. C., 76, 123.
 Franke, E., (138).
 Fraxanet, J. V., 81, 89.
 Fredrick, M. W., 77.
 Frenkel, H., 18, (19), 20, (91), (92), 103.
 Fridenberg, P., 59.
 Friedberger, E., 47.
 Friedländer, W., 4.
 Frogler, (27).
 Fromaget, C., 4, 6, (16), (56), 125.
 Fromaget, H., 4, 6.

 Frost, 30.
 Fuchs, E., 17, 30, 40, 78, (136), 140.
 Fulkerson, C. B., 100.
 Fumarola, G., 128.
 Furukawa, (54).
 Fusita, 30, 34, (89), (91), (93).

 Gabrielèdes, (104).
 Gage, H., 39.
 Galaine, C., 116.
 Gallana, 91.
 Gallenga, C., 69, 81.
 Galtung, A., 114.
 Garcia del Mazo, J., 137.
 Garcia Mansilla, D. S., 114.
 Garraghan, E. F., 54, 56.
 Gaudenzi, C., 16.
 Gautrelet, 105.
 Gay, H. M., 88.
 Gebb, H., (53).
 Gehrung, J. A., 41.
 Geissler, L. R., 18, 19.
 Gelencser, 103.
 Gendron, 70, (93).
 Genet, L., 78, 82.
 Genji Kuroda, 68.
 Gennerich, W., 31, (91).
 George, E. J., 52, 54, 65.
 Gianl, P., 126.
 Gibson, F. L., 93.
 Gibson, J. L., 106.
 Gifford, H., 101, 115.
 Gil, R., 76.
 Gilbert, W., 128.
 Ginestous, E., 42, 81, 93.
 Giuseppe, T., 59, 105, 116, 128, 138.
 Gjessing, H., 17, (59).
 Glagoleff, A. V., 31, 33.
 Glaser, E. F., 70.
 Gloagen, 19, (69).
 Goethlin, G. F., 31.
 Goldbach, L. J., 77.
 Goldberg, H. G., 41.
 Goldbloom, A., 77.
 Goldenburg, M., 7, 82, 103.
 Goldzieher, H., (17), (90).
 Golovin, S., 31.
 Gonne, W. S., 68.
 Gonzalez, 65.
 Gonzalez, Castellano, J., 112.
 Good, R. H., 57.
 Gordon, A., 126.
 Gorriti, 46.
 Goulden, C., 8.
 Gowens, H. L., Jr., 76.
 Gowland, A., 76.
 Gradenigo, G., 4, 76.
 Gradle, H. S., 4, 41, 53, 102, 123.
 Greef, R., 47, (129).
 Green, A. S., (56), 102, 114.
 Green, J., Jr., 43, 52, 115.
 Green, L. D., (56), 90, 102, 114.
 Greeves, R. A., 78, (125).
 Greig, M., 31, (68).
 Grelault, 44.
 Gremeaux, P., 20, 58, (92).
 Griffith, A. H., 28, 32, 33, 69, 81, 105.
 Grimsdale, 41.
 Grönholm, 5, 21, 29, 114.
 Gros, H., 6, (56).
 Grossman, M., 40.
 v. Grosz, E., 16, 22, 47.
 Grumme, 52.
 Grünbaum, A., 56.
 Guillain, G., 113.
 Guix, F. H., 44.
 Gunnufsen, P., 113.
 Gunther, 70.
 Guthrie, D. V., 129.
 Gutmann, 20, 21.

- Haab, O., 29, 30, 65, (67), (91).
 Haas, H. K. de, 39, 40, 41, 45, (77).
 Hack, R., (138).
 Haddou, M., 40.
 Hagen, S., 5, 16, (54), (58), (65).
 Halipré, A., 9.
 Hall, E. A., 68.
 Hall, J. T., (129).
 Hallett, DeW., 125.
 Halliday, J. C., 70, (105).
 Halstead, A. E., 79.
 Hamilton, R. J., 41, 102.
 Hansell, H. F., 8, 68, 100, 115, 139.
 Hanssen, R., (125).
 Harbridge, D. F., 92.
 Hardy, W. F., 6, 113, 124.
 Harford, C. F., 106.
 Harkness, G. F., 64, 139.
 Harman, N. B., 34.
 Harries-Jones, E. H., 76.
 Harriet, 20, (92).
 Harris, H. E., 20.
 Hartridge, G., 33.
 Hartshorne, I., 3.
 Harvier, P., 93.
 Harwood, T. E., 9, 46.
 Haseltine, B., 43.
 Hauch, E., 124.
 Hawley, C. W., 102, 114.
 Hayman, E. C., 129.
 Head, J. W., 19, 32.
 Heard, M. K., 106.
 Heckel, E. B., 135.
 Heed, C. R., 43, 45.
 Heflebower, R. C., 45.
 Hegner, C. A., 19, (79), (127), (136).
 Heine, L., 19, 21, (127).
 Heinen, 52.
 Heinrichsdorff, P., (31).
 Helfrich, C. H., 90.
 Hennig, K., 115.
 Heinrichs, J., 126.
 Henry, R. B., 112.
 Henschen, S. E., 4, 29.
 Herbert, H., 55.
 Hernaman-Johnson, F., 127.
 Herod, P. F., 16.
 Herrenschwand, 20, (92), 125, 127.
 Hertel, E., 21, 45.
 Herz, L. F., 32.
 Herz, M., 59.
 Hess, C., 21.
 Hesse, R., 52, (123).
 Heuer, G., 43.
 Heyl, T., 6, (56).
 Higbee, E. H., 70.
 Hilbert, R., 5.
 Hill, A. J., 27.
 Hill, E., 5, 55.
 Hillegas, W. M., 100.
 Hinshelwood, J., 104, 140.
 von Hippel, E., 15, (39), 43, (75).
 Hird, R. B., 44, 81, (128).
 Hirschberg, J., 59, 117.
 Hitotz, Yanagi, 127.
 Hiwatori, (54).
 Hodgson, E. S., 71.
 Högg, N., 59, 124.
 Hoeve, J. van der, 18, (55), 65, 91, 127.
 Hoffman, C. E., 122.
 Hogarth, M. C. M., 3.
 Hogg, G. H., 4, (101).
 Höhne, (136).
 Holbrook, S. J., 59.
 Holloway, T. B., 5, 6, 8, 31, 43, 44, 88, 90, 114.
 Holth, S., 56, 113.
 v. Hoor, K., 16, (60), (65).
 Hoorn, W. van, 55.
 Hoover, F. P., 78.
 Hopkins, G. S., 40.
 Hopkins, R. B., 89.
 Houghton, H. S., 80, 104.
 Houlbert, C., 116.
 Houstoun, R. A., 68.
 Houwer, A. M., 40.
 How, H. M., 7, 41, 43, 45.
 Howe, L., 100.
 Hughes, L. J., 6, 45.
 Hughes, L. W., 44, 65.
 Hughes, H. S., 66, 68.
 Hughes, R., 69.
 Hughes, W. F., 114.
 Huguenin, (21).
 Hulen, V. H., 76.
 Hupp, F. L., 57.
 Hurdy, W. F., 82.
 Hurst, A. F., 134.
 Hyde, E. P., 15, 19.
 Ibañez-Puiggari, M., 125.
 Ideson, R., 92.
 Igersheimer, 43.
 v. Imre, J., Jr., 20.
 Irons, E. E., 41.
 Ischreyt, G., 56.
 Ishida, (53), (57).
 Ishiwara, (57).
 Ives, H. E., 15, 122.
 Jackson, E., 15, 27, 52, 55, 65, 100, 101, 102, 106, 140.
 Jankovich, L., 4, 16, (77), (135).
 Jean, G. W., 81.
 Jess, 43, (126).
 Jessaman, L. W., 47.
 Jessop, W. H., (21), 58, 78, 81.
 Jickell, C., 16, 20.
 Jocas, R., (30), (32), 105, 114, 134.
 Johnson, H. M., 14, 19, 64.
 Johnson, W. B., 81.
 Johnston, J. G., 124.
 Jones, D. F., 30.
 Jones, E. L., 3, 39.
 Jones, I. H., 28.
 Jones, L. A., 125.
 Jonquères, E., 39.
 Jordan, D. S., 115.
 Joseph, D. R., 66.
 Jousset, X., 57.
 Joynt, J. W., 134.
 Juler, F. A., 79, 81.
 Junius, 103.
 Kagoshima, 27, (54), (60), (88).
 Kahn, M. H., 14, 46, 75, 100.
 Kalb, O., 20.
 Kalt, (123).
 Kane, E. O., 58.
 Katano, 127.
 Katayama, 32.
 Katz, R. A., 8.
 Kearney, J. A., 18, 53, 111, 114, (134).
 Kelper, G. F., 122.
 Kellner, H., 123.
 Kellogg, F. B., 76.
 Kelsall, H. T., 21.
 Kennedy, F., 9.
 Keppeler, (29).
 Kerr, J., 22, 34.
 Kerrison, P. D., 3, 9.
 Kestenbaum, A., (58).
 Key, B. W., 44.
 Khessin, M. S., 29.
 Kiefer, H. A., 46, 79.
 Kiehle, F. A., 112.
 Killrich, 89.
 Kimberlin, J. W., 76.
 Kirkpatrick, H., (12), (18), 65, 66.

- 67, 68, 69, (71), 75, (83), (91)
(106), 111, 116, (117), 126.
Kitamura, 32, (92).
Kleinhans, P. H., 32.
de Kleijn, A., 44, 65.
Knapp, A., 6, 57, 58, 106.
Knorr, E. A., 42, 78, 125.
Koepppe, 14, 41, (75).
Köllner, 45, 66, 125.
Kollock, C. W., 18, 56, 58, 67.
Komoto, J., 32, 33, (54), (56), (91),
(92), 123, 127.
Konikow, 32.
Koroleff, 6.
Kosima, 33, (92), 128.
Koster, W., 39, (53), 70, 92.
Koster, W. Jr., 39, 40, 42, 44.
Koyanagi, Y., 90, 125, 127.
Krabbe, K., 59.
Kraft, J. E. L., 112.
Krahenbuhl, 9.
Kraupa-Runk-Teplitz, 18.
Krauss, F., 6, 20, 43, 90, 103, 115.
Krebs, A., 138.
Krivonosoff, S., 138.
Krückmann, 21, 22, 43, 47, (60),
(70), (129).
Krug, E. F., 43.
Krumholz, S., 93.
Krusius, F., 21, (128).
Kuboki, (58).
Kuhfeldt, E. A., 113.
Kuhnt, H., 45, (55), (57), (69).
(128).
Kumagai, N., 30, 43, (54), (55),
(90).
Kümmell, R., 40.
Kurlyana, 29, (54), (89).
Kurkoff, T. F., 8.
Kuroda, G., 115.
Kusama, K., 29, 32, 40, 42, (59),
(71), (89), (91).
Kuynders, H. J., 127.
Kyle, J. J., 19.
- Lacroix, A., 59, (139).
Lagrange, F., (19), 70, 140.
Lakin, C. E., 77.
Lamb, F. W., 53.
Lamb, H. D., 15, 70, 124.
Lamb, R. S., 27, 52, 59, 70.
La Motte, W. O., 122.
Lancaster, W. B., 100.
Landau, E., 19.
Landolt, E., 134.
Landolt, M., 7, (15), 53, 78, 103, 140.
Lane, J. M., 4.
Lane, L. A., 66.
Lang, W., 77.
Langdon, H. M., 41.
Langworthy, W. L., 46.
Lanier, L. H., 7.
Lansdale, P. S., 67.
Lapersonne, F. de, (71), (92), 139.
Larsen, H., 4.
Lauber, H., 115.
Lauboy, C., 93.
Lavergne, M., 77.
Lawford, J. B., 82.
Lawrence, G. A., 104.
Lawson, A., 9, 22, 28, 53, 114, 129,
(130).
Leal, 92.
Leavitt, M. J., 4, 101, 102, 139.
Lehrma, H. W., 41.
Legge, T. M., 30.
Lehmann, K., (54), (125).
Lehrfeld, L., 88, 111.
Leper, R. T., 104.
Lenoir, M., 6, (18), 31, 103.
Lentz, G., 19, (34), (68).
- Leonard, E. F., 56.
Leonard, P. I., 123.
Leoz, G., 82, 91, (130).
Leoz, Ortin G., 33, 135.
Leplat, G., 115, 138.
Levinsohn, 123.
Levison, C. G., 104.
Levitskaya, O. P., 33.
Levy, A. H., 79.
Levy, J. M., 77, 113.
Levy, L., 6.
Lewin, P., 7.
Lewis, A. C., 34, 67.
Lewis, F. P., 81.
v. Liebermann, Jr., (128).
Lieto Vollaro, A., 124.
Liljequist, N., 14.
Lindner, K., (88), 111.
Linnell, E. H., 4.
Lippincott, J. A., 104.
Lischkoff, M. A., 14.
Litchy, J. A., 46.
Lloyd, R. I., 38, 115.
Lobanoff, S. V., 6, 64.
Lo Cascio, 55, 90.
Lockhart, R., 59.
Lodberg, C. V., 55.
Löhlein, W., 18, (34), (67), 123,
(137).
Lohmann, W., 57.
Lopez, J. P., 29.
Lopez-Silvero, J. E., 68.
Lorant, 6, 18, (31), (79).
Lorenz, C. F., 15.
Lowell, H., 53.
Löwenstein, A., 45, 58.
Lucanus, H., 52.
Luckiesh, M., 15, 18, 19, 21, 22.
Lundsgaard, K. K., 5, 56.
Lutz, A., 57, 76.
- McBean, G. M., 32.
MacCallan, A. F., 4, 9, 10, (12) 140.
McCaw, J. A., 18.
McClelland, E. S., 112.
McCool, J. L., 113.
McDannald, C. E., 5, 54.
McDonagh, 100.
McDonald, C. A., 127.
McGuire, H. H., 58, 93.
McGuire, S. B., 58.
McGurn, W. J., 9.
McHenry, D. D., 16.
McHenry, J. H., 43, 45.
McHoul, J. E., (10).
McKeown, E. E., 31, 58, 67, 70.
McManus, T. U., 22.
McMullen, J., 16, 89, 101, 112.
McMullen, W. H., 81, 106, 117.
Macht, D. I., 39.
Machwitz, H., 6.
Mackay, G., 113.
Mackenzie, G. W., 100, 101, 103.
Maddox, E. E., 27, 28, 68.
Maggiore, L., 54, 68, (105), (107),
113, 114, (115).
Magitot, A., (20), 29, 32, 41, 44,
(68), 78, 102, (128), (136).
Maiden, S. D., 42.
Maitland, F. P., 115.
Majewski, K., 15.
Mallwitz, (88).
Mann, R. H. T., 29.
Marbourg, E. M., 69.
Marchi, F. A., 54, 58, (94), (101).
Mardellis, 76.
Marin, Amat M., 81, 91, 92, 114,
(119), (128), 135.
Markel, J. E., 137.
Marlow, S. B.

- Marquez, M., 55, 88, 89, 90, (102).
 Martin, H., 5.
 Martin, L., 137.
 Mason, A. E., 40.
 Mason, S. L., 30.
 Massey, G. B., 45, 69.
 Masuda, 27, 29, 30, (88), (89), (91),
 124, 125, 128.
 Matson, W. F., 16, 57.
 Matteucci, G., 80.
 Matthews, H., 64.
 Matzuoka, 32, (54), (91).
 Maxey, E. E., 112.
 May, C. H., 15, 40, 106, 140.
 Maynard, F. P., 42, 106, 129.
 Mayou, M. S., 79, 102.
 Means, J. H., 80.
 Meding, C. B., 78.
 Meller, J., 78, (136).
 Menacho, M., 17, 42, 56, 67, 69, 79,
 (103), 138.
 Merriam, L. A., 134.
 Mestre Medina, D. J., 40, (101).
 Metz, R. B., 70, 112, 137, 138.
 Metzger, I. D., 47.
 Metzner, R., 17, (35), (65).
 Meyer-Huerlimann, 44, (57).
 Mika, 33.
 Mikama, (92).
 Miller, C. M., 69.
 Miller, G. V., 58, 138.
 Millette, J. W., 55.
 Mills, L., 78.
 Minder, 7.
 Mingazzini, G., 116, 128.
 Mitchell, S., 27.
 Mlady, 136.
 v. Moll, F. D. A. G., 47.
 Monaghan, D. G., 21.
 Monaumi, C., 135.
 Monbrun, (92), 136.
 Mongel, E. B., 6, 8.
 Monson, S. H., 139.
 Monte, A. del, 138.
 Montgomery, D. W., 91, 104.
 Moore, J., 4.
 Moore, R. F., 8, 18, 30, (67).
 Moore, T. W., 65.
 Morax, V., 7, (9), 17, (17), (22),
 (29), (65), (69), 77, 79, 80, (90),
 101, 102, 105.
 Moreau, (105).
 Morgan, J. D., 45.
 Morgano, P., 135.
 Mori, 29, 124.
 Moron Ruiz, J., 136.
 Morpurgo, 16.
 Morrie, G., 135.
 Mosso, G., 114.
 Mougeot, A., 116.
 Moulton, H., 17, 103.
 Muirhead, I. B., 27, 140.
 Müller, L., 3, 6, 18, (75).
 Mulock-Houwer, A. W., 90.
 Murata, 29.
 Murray, G. D., 82.
 Murzin, A. N., 44.
 Muschallick, E., (128).
 Myashita, 54, (55).
 Mygind, H., 56.

 Nagano, 32, (91).
 Nagel, C. S., G., 101.
 Nagle, F. O., 7, 116.
 Nakamura, 31, (55), (91), 124.
 Nance, W. O., 106.
 Navarrete, F., 16, 69.
 Navarro, J. C., 43.
 Neeper, E. R., 135, 136.
 Neuhalus, E. R., 58.
 Neunhoeffer, 128.

 Newberry, F. J., 31.
 Nishimura, 27, (88), 124.
 Nitsche, 70.
 Nogawa, (54), (55).
 Nordenson, J. W., 27, (28).
 Norman, H. J., 9.
 Northrop, H. S., 64.
 Nutting, P. G., 126.

 Ochi, 123, 125.
 Ochoterna, I., 139.
 O'Connor, D. F., 81.
 O'Connor, R., 76.
 Oda, 27, 28, (53).
 O'Farrell, T. T., 81.
 Ogawa, 29, (89), 125.
 Oguchi, 32, (91), 122.
 Ohm, J., 15, (36), (65).
 Okabe, 125.
 Okawachi, 125.
 Okayama, 29, 30, (89), (91), 126.
 Oleynick, R., (58).
 Olivieri, E. M., 104.
 Oloff, H., 21, (29), 46.
 Onishi, 34, 53, 54, (55), 122.
 Oppenheim, R., 46, 59.
 Orloff, K., 29.
 Ormond, A. W., 8, 70, 77.
 Orr, E., 9, 22.
 Osborne, A., 103, 104, 105.
 Osborne, E. S., 39.
 Oström, L., 16.
 Otchapovskii, S. V., 139.
 Otori, (79).
 Ouchi, 127.
 Oulton, 5.
 Ourgaud, 40, 53, (89).
 Ovio, G., 56, 68, (107), (114).
 Owuchi, 29.

 Pagenstecher, 46, (128).
 Palen, G. J., 69.
 Palmer, F. S., 7.
 Panafidina, A. A., 9.
 Papathanassias, A., 7.
 Paradise, T., 75.
 Parenteau, 42, (103).
 Parker, W. R., 5, 105, 126.
 Parrott, J. M., 102.
 Parsons, J. H., 79, 81, 92.
 Pascheff, 40.
 Paterson, J. V., 82.
 Paton, L., 77, 112.
 Patry, A., 112.
 Pattee, J. J., 127.
 Patterson, J. A., 28, 59, 82, 135.
 Patton, J. M., 123.
 Paul, 41, 103.
 Pease, M. C., 77.
 Peck, W. H., 103.
 Pelz, A., 21.
 Penichet, J. M., 65, (131).
 Pereyra, G., 68, 76, (101).
 Perez Buñill, 41, 136.
 Perez Jimenez, R., 76, (130).
 Perry, R. W., 114, 125.
 Petella, G., 76.
 Peter, L. C., 15.
 Peters, W. H., 106.
 Peterson, C. E., 59.
 Petit, P., 7, 8, 9, (21).
 Petrie, R. W., 128.
 Petzetakis, M., 9.
 Peyrecave, 67, (126).
 Pfister, F., 34.
 v. Plüggk, 138.
 Phillips, W. H., 3, 82.
 Pickard, H., 68, (127).
 Pieron, H., 104.

- Pincsohn, G., 52, (123).
 Pincus, 43.
 Pindokowski, (33).
 Pissarello, C., 57, (80).
 Pogue, M. E., 78.
 Pollack, 123.
 Pollnow, 126.
 Pollock, W. B. I., 59, 125.
 Pond, E. A., 68.
 Pontius, P. J., 138.
 Pooley, G. H., 8, 59.
 Popoff, N. V., 33, 34.
 Poser, M., 3.
 Posey, W. C., 7, 8, 10, 19, 30, 41, 45, 53, 65, 66, 89, 106, 133.
 Post, M. H., 135.
 Pottenkofer, W., 53.
 Potter, P., 100.
 Poulard, 34.
 Powell, A. L., 116.
 Poyales, F., 53, (101), 139.
 Prada, 115.
 Pratt, J. A., 8, 101.
 Prendergast, D. A., 20.
 Prentice, C. F., 3, 39, 140.
 Prevedi, G., 66.
 Price, N. W., 52.
 Pringle, J. A., 18, 19.
 Prokopenko, P. P., 28.
 Pron, L., 105.
 Puigarrí, M. I., 103.
 Purtscher, 18.
 Ralston, W., 57.
 Ramsay, A. M., 69, (120), (127).
 Ramsey, 45.
 Rand, G., 63, 122, 137.
 Randolph, R. L., 5.
 Rasquin, 113.
 Re, F., (124).
 Rebay, H., 76.
 Reber, W., 53, 104.
 Reede, E. H., 32.
 Reeder, J. E., 102.
 Reeve, R. A., 22.
 Reeves, P., 103, 115.
 Reichmann, F., 89.
 Reis, W., (20).
 Ribon, V., 68.
 Ricchi, G., 113, 127.
 Richards, A. F., 40, 54.
 Riddoch, G., 104.
 Rider, P. R., 104.
 Ridley, N. C., 76, 77.
 Ring, G. O., 5, 18, 29, 33, 105.
 Risley, S. D., 4, 6, 7, 28, 30, 31, 112, 114.
 Robinson, J. R., 135, 136.
 Rochat, G. F., 19, 42, 89, 90.
 Roche, C., 21, (92), 136.
 Rochon-Duvigneaud, A., 22.
 Rodman, H., 93.
 Roelofs, C. O., 16, 53, 91, 134.
 Rogers, S. L., 59.
 Rollet, E., (17), 46, (92).
 Romunde, L. H. van, 39.
 Rönne, H., 6, (54), 135.
 Rosenberg, M., 6.
 Rosenhain, W., 28, 140.
 Rousseau, F., 16.
 Rouveix, 19, 20, (68).
 Rovinsky, A., 139.
 Rowe, E. H., 55.
 Roy, D., 10, 19.
 Rucknich, C. A., 67.
 Rumsey, C. L., 33.
 Rush, C. C., 123.
 Ryan, W. J., 59.
 Sachs, B., 32.
 Sadik, M. T., 7.
 Sadovski, P., 7.
 Saint-Martin, 138.
 Sainton, P., 15.
 Sakaguchi, 28, (89), 124.
 Sakai, 124.
 Salomonson, J. K. A. W., 40.
 Salus, (90), (135).
 Sanchez Aguilera G., 88.
 Sander, F. F., 33.
 Sansum, W. D., 66.
 Santa Cruz, 88, 135.
 Santo, C. di, 57.
 Santonoceto, O., 16.
 Santos, 34.
 Santos Fernandez, J., 22, 28, 30, 31, 39, 53, 59, 60, 65, 67, 75, 76, 77, 78, 90, 91, 98, (100), 111, (120), 124, 125, (125), (126), (129), 135.
 Sato, 126.
 Sattler, C. H., 44.
 Saunte, 113.
 Sautter, A. C., 112.
 Sbordone, G., 65.
 Scarlett, 9, (17), (41), (46).
 Scarlett, H. W., 27, 54.
 Schaeffer, J. P., 123.
 Schanz, F., 17, (30), (67), (137).
 Schenck, H. D., 79, 82, 112.
 Schertlin, (79).
 Scheyensteen, A., 4, (65), (91), 102, 135.
 Schieck, F., 41, (55), 64.
 Schiötz, C., 80, 115.
 Schiötz, H. S., (52).
 Schiötz, L., (21), 56, 91.
 Schirmer, O., 9, 42, 44, 57.
 Schleisinger, F. S., 32.
 Schmeisser, H. C., 5.
 Schoenberg, M. J., 70, 128.
 v. Scholz, K., 22.
 Schou, S., 55.
 Schoute, G. J., 42.
 Schreiber, L., 13, 42, (47), 56, (67), (125).
 Schwartz, F. O., 82.
 Schweinitz, G. E. de, 7, 41, 43, 45, 46, 136.
 Schwenk, P. N. K., 5, 66, 92, 136.
 Scott, L. M., 100.
 Scott, R. L., 91.
 Sculco, N., 4, 16.
 Searcy, H. B., 27.
 Sedwick, W. A., 57, 103.
 Seefelder, R., 136.
 Seelert, 128.
 Segl, M., (45).
 Seidel, 15, 41, (48), (64).
 Seo, 28, (89).
 Sergeant, E., 101.
 Sato, 123.
 Shackleton, W. E., 8.
 Shahan, W. E., 15, 75, 135.
 Shambaugh, G. E., 123.
 Shand, J., 92.
 Shanker, H., 17, 88.
 Shannon, C. E. G., 65, 114.
 Shannon, J. R., 41, 127.
 Sharp, W. N., 105, 123.
 Sharpe, W., 79.
 Shaw, L., 18.
 Shea, J. J., 8.
 Sherman, H. G., 102.
 Shikano, 33, (54), 126, 128.
 Shimitsu, 53.
 Shine, F. W., 4.
 Shiosi, 33, (92).
 Shoemaker, W. A., 5.
 Shumway, E. A., 8, 31, 46.
 Shute, A. C., 77.
 Siciliano, 44.
 Silberstern, P., 82.
 Simon, (65).

- Simon de Guilleuma, J. M., 6, 15,
(78), (100), (103).
Simpson, C. A., 45, 80.
Simpson, J. H., 28.
Siredey, M. A., 137.
Small, C. P., 34, 47, 117.
Smith, E. T., 28.
Smith, H. L., 77.
Smith, J. J., 103.
Smith, J. R., 138.
Smith, M. K., 5.
Smith, P., 5.
Smith, W. G., 19.
Sobhy, M., 4, 5, 9.
Sobotky, I., 66.
Soliman, Abdel-Hamid, 8.
Sollier, P., 67.
Soria Escudero, 112.
Sourdille, 20, (92).
Speciale-Cirincione, 58, 65, (83),
(92), 93.
Speed, K., 126.
Spencer, F. R., 16, 18, 55, 56, (56),
57, 58, 67, 70.
Speyr, T., 53.
Spiller, W. G., 91, 116.
Spindler, F. N., 126.
Spitze, E. C., 139.
Spohn, G. W., 83.
Stähli, J., 89.
Stanculeanu, G., 139.
Stanford, 67.
Stapleton, E. A., 16, 44, 89.
Stargardt, K., (18), 40, (53), 54.
Stark, H. H., 6.
Stauffer, F., 34.
Steiger, A., 53, (100).
Stein, I. F., 101.
Steinbugler, W. F. C., 77.
Stephenson, S., 135.
Stern, 20.
Stevenson, W. D., 135.
Stewart, H. R., 34.
Steyn, H. J., 21.
Stiell, W. F., 113.
Stieren, E., 17.
Stilwell, H. R., 16, 65, 67, 104, 105.
Stirling, A. W., 22, 78.
Stirling, J. W., 101, 113.
Stock, 47, (129).
Stockard, C., 47.
Stocker, F., 53.
Stolberg, (28).
Stören, 58.
Strader, G. L., 55.
Strandbygaard, B., 19.
Strickler, D. A., 18, 55.
Strouse, A. N., 16.
Struycken, H. J. L., 137.
Stuckey, E. J., 80, 105.
Suchy, S., 32.
Suganuma, 29, (54), (80), 124, 125.
Suker, G. F., 7, 43, 45, 54, 67, 68.
Sunseri, F., 59, (95), (105).
Susita, 29.
Sutagami, 127.
Sweet, W. M., 46.
Swift, G. W., 113.
Swinerton, L. D., 71.
v. Szily, A., 21, 39, 44, 128, (128),
(138), 140.
Takahashi, 126.
Takashima, (53).
Talmey, M., 30.
Taylor, F. E., 20.
Taylor, L. H., 106.
Taylor, S. J., 77, 101.
Teal, F. F., 21, 128.
Ten Doesschate, 112.
Tanner, A. S., 123, 126, 129.
Terrien, F., 10, 21, (31), 46, (57),
80, (92), 135, 137, (137), 138,
(138).
Terson, A., (15), (27), 75, (100),
(111), (134), 134.
Teuillères, M., 46, 53, 55, 60, (92),
(103), 124, 138.
Thanner, 3, (75).
Theobald, S., 101.
Thewlis, M. W., 139.
Thomas, H. G., 90, 114.
Thomas, W. S., 111.
Thompson, H. M., 30, 66, 102, 124,
125.
Thompson, J. H., 4, 45.
Thompson, LeR., 32, 124.
Thompson, W. R., 80.
Thomson, E. S., 42, 56.
Thomson, J., 46.
Thorpe, J. H., 59, 70.
Thon, W. G., 28.
Tibbles, S., 70.
Ticho, (59).
Tiffany, F. B., 10, 123, 125.
Tilderquist, D. L., 100.
Timme, W., 44.
Tindall, P. A., 10.
Tiscornia, A., (23), (29).
Todd, F. C., 65, 93, 106.
Tomosi, 126.
Toren, J. A., 52, 54.
Török, E., 103.
Tournay, A., 77.
Trainor, M. E., 15.
Trantas, (78).
Trapezontzeva, 135.
Traquair, H. M., 44, 82, (131), 139.
Trible, 79.
Tristaino, B., 17, 76, 114.
Troland, L. T., 67, 127.
Trombetta, E., 71.
Tschirkowsky, W., (31).
Tumbeleka, 21, (48), 70, 91.
Turbin, (138).
Turner, D., 45.
Turner, J. G., 77.
Tuto, R., 53, 56, (103), (132).
Tyson, H. H., 54.
Tzytowski, M. L., 136.
Uchida, 33, (58), (92).
Uhthoff, W., (128).
Unna, P. G., 69, (92).
Urbantschitsch, 123.
Urra, F. M., 89, 111, 135.
Utsida, (57).
Valentine, J. A., 105.
Valettas, A., 128.
Valli, O., 9, (24), (33), 92.
Valois, G., 19, 20, 46, (68), 80, 92.
Valude, E., (15), (19).
Van Cleve, E. M., 93.
Vandegrift, G. W., 56.
Van der Brugh, J. P., 112.
Van Hook, W., 115.
Van Kirk, V. E., 76.
Van Zwaluwenburg, J. G., 128.
Vaughan, H., 114.
Veasey, C. A., 16, 117.
Velarde, H. E., 113.
Velhagen, C., 137.
Velter, E., (17), 18, (21), 46, (91),
(92), 128, 140.
Verderame, F., (95), (101).
Verhoeff, F. H., 6, 77, 80, 113.
Verry Westphal, A., 17, (103).
Verwey, A., 17, 46, 112.

- Vest, C. W., 104.
 Vidal Fraxanet, J., 81, 89.
 Villasevaglios, G., 44, 52, (84), (88).
 Vinsonneau, (31).
 Virden, J. E., 42.
 Vogt, A., 136.
 Von der Heydt, R., 135.
 Voorhoeve, N., 101.
 Vusi, 33.
- Waardenburg, P. J., 42, 126.
 Wagner, L. H., 16.
 Wakisaka, 28, (89), 124.
 Walker, C. B., 100, 122, 134.
 Walker, S., Jr., 60, 89.
 Wallace, F. E., 124, 125, 126, 127.
 Wallace, W., 71.
 Wallis, G. F. C., 7, (43), 91, 102.
 Walter, F. J., 34.
 Walton, A. J., 127.
 Wang, C. P., 47.
 Watanabe, 28, 29, 32, (89), (92), (136).
 Watkyn-Thomas, F. W., 91.
 Wätzold, 15.
 Wayenburg, G., 44.
 Weber, F. P., 104, 126, 127.
 Weekers, L., (15), 55, 66, (72), 77, (91), 113, (136), 139.
 Weeks, J. E., 5, 41, 54, 102, 106.
 Weeks, W. W., 58.
 Weerd, A. H. van, 58.
 Wehrli, 123.
 Weidler, W. B., 8, 40, 44, 57, 116.
 Weiss, A. P., 18.
 Weiss, K. E., 112, (135).
 Wells, D. W., 3.
 Welt-Kakels, S., 80, 126.
 Werner, (80).
 Wernicke, O., 79.
 Wessels, L. C., 28.
 Wessely, K., 18, 46, 55, (103), 128, (128).
 Weve, H., 21, 128.
 Weyers, J. G. M., 43.
 Weygandt, 79.
 Wheeler, J. M., 68, 81, 128.
 White, 76.
 White, D. W., 28, 54, 57.
 White, J. A., 46, 70.
 White, L. E., 82.
 White, P. C., 28, 54, 57.
 Whitehead, A. L., 81, 115.
 Whiting, M. H., 8, 81.
- Wible, E. E., 138.
 Wieden, F., 32, 58, 93, 113.
 Wieden, J., 103, 137.
 Wiener, A., 57.
 Wiener, M., 101.
 v. Wild, 53.
 Wilkinson, G., 59.
 Willetts, J. E., 53, 89.
 Williams, A. E., 106.
 Williams, C. B., 89.
 Wilson, A. D., 92.
 Wilson, J. A., 53.
 Wilson, K., (57).
 Wilson, S. A. K., 79.
 Witherspoon, J. A., 80.
 Witmer, J., 53.
 Wolfberg, 123, 134.
 Wolfe, O. R., 55, 135.
 Wolff, J., 43.
 Wolfflin, E., 17, (35), (65).
 Wood, C. A., 47, 56, 60, 93, 106, 117, 141.
 Wood, F. D., 80.
 Woodruff, H. W., 101, 103, 123.
 Woods, A. C., 5, 77, 101, 102, 128.
 Woods, H., 66, 106.
 Wootton, H. W., 28, 40.
 Worthing, A. G., 15, 22.
 Wright, E. W., 30.
 Wright, H. R., 81.
 Wright, L., 106.
 Würdemann, H. V., 33.
 Wyler, J. S., 31, 54, 135.
 Wynn, J. J., 17.
- Yakavlyova, A., 33, 137.
 Yawger, N. S., 101.
 Yebara, 32, (92).
 Youdine, 139.
 Young, G., 67.
 Young, H. B., 5.
 Yzerman, A. J., 40.
- Zade, (126).
 Zaki Seddik, 5.
 Zange, 9, 127.
 Zeeman, 21, (48), (70), 91.
 Zehnder, 19.
 Zentmayer, W., 5, 6, 7, 8, 9, 27, 28, 30, 34, 40, 42, 45, 53, 69, 79, 89, 90, 91, 92, 114, 124, 137, 138.
 Ziba, 124.
 Ziegler, K. von, 65, (123).
 Ziegler, S. L., 41, 42, 45, 46.
 Ziemssen, 47, (129).
 Zimmer, C. P., 40, 55, (101), (102).

INDEX OF SUBJECTS.

- Abducens**, 4, 76, 91, 95, 101.
Abscess, 100, 113.
 alveolar, 55.
 cerebellar, 3, 9, 43, 58.
 frontal lobe, 43.
 orbital, 57, 69, 104.
Abstracts, 10, 23, 34, 47, 60, 71, 83, 93, 106, 117, 118, 129.
Accidents of occupation, 82.
Accommodation, 21, 27, 39, 100, 112.
Acetone, 52.
Achromatic light, 68.
Achromatopsia, 79.
Acidosis, 82.
Acids, 27.
Acrocephaly, 7.
Actinomycosis, 44.
Acuteness of vision, 7, 14, 15, 27, 64, 71, 83, 91, 111.
Adaptation, 18, 103.
Adenoids, 9.
Adolescence, 76, 78.
Adrenalin, 42, 66.
Adrenals, 30.
Advancement, 28, 95.
After-cataract, 6, 17, 30.
Age, 39, 92, 139.
Air, 53.
Albinism, 46.
Albumin, 30.
Albuminuric retinitis, 18, 78, 90, 114.
Alexia, 104, 126, 137.
Alkalies, 15, 27.
Alphabet keratitis, 65.
Altitude, 40, 45.
Amaurotic family idiocy, 43, 56, 75, 78, 125, 126, 137.
Ambidexterity, 43.
Amblyopia, 6, 8, 9, 47.
 electric, 54.
 malarial, 55.
 symbol, 43.
 See also Toxic Amblyopias.
Ambulance service, 27, 59, 93.
American Academy of Ophthalmology and Oto-Laryngology, 122.
American Journal of Ophthalmology, 98, 109.
Anaphylaxis, 5, 21, 77, 102, 128, 136, 138.
Anales de Oftalmologia, 3.
Anesthesia, local, 15, 27, 39, 48, 75.
Aneurysm, 18, 69, 125.
Angioma, 69, 81.
Angiopathy, 18.
Angiosclerosis, 103, 126.
Anilin, 21.
Animal carbon, 52.
Aniridia, 55.
Ankyloblepharon, 127.
Anomalies, 22, 135.
 of choroid, 5, 7, 41.
 of fundus, 17.
 of iris, 29, 103.
 of lids, 80.
 of optic nerve, 5, 7, 78.
 of retina, 67, 103.
 of vitreous, 17.
Anomaloscope, 31.
Anophthalmos, 44, 57, 80.
Anopsia, 31.
Anterior chamber, 5, 8, 17, 29, 30, 41, 54, 65, 70, 77, 89, 92, 101, 113, 124, 136.
 obliteration of, 16.
 pigment in, 77.
Anti-typhoid inoculation, 81.
Antral cavities, 60, 138.
Antrum of Highmore, 21.
Aphakia, 55, 60, 93, 120.
Aphasia, 21.
Apis mellifica, 90.
Apomorphin, 39.
Aqueous humor, 29, 41.
Arcus juvenilis, 29, 40, 71.
 senilis, 135.
Argaldin, 75.
Argyll-Robertson pupil, 54.
Arsenic, 15, 39, 52, 57.
Arterio-sclerosis, 18, 30, 42, 117.
Artificial eyes, 19, 32, 34, 44, 80, 137, 138.
 illumination, 22, 34, 100, 116, 139.
Aspergillus kerato-mycosis, 89.
Asphyxiating bombs, 16, 46.
Asthenopia, 34, 39, 100.
Astigmatic dial, 27.
Astigmatism, 27, 30, 75, 132, 134, 138.
Atmospheric pressure, 136.
Atrophy of choroid, 17, 42, 66, 102.
 of conjunctiva, 40.
 of eyeball, 81.
 of iris, 66.
 of optic nerve, 6, 7, 18, 31, 43, 56, 67, 68, 79, 91, 103, 104, 117, 126.
 of retina, 42, 125.
Atropin, 64, 113.
Auto-intoxication, 17, 102, 113.
Autoplasty, 32.
Aviation, 22, 34, 43, 47, 71, 93, 117.
Backache, 100.
Bacteria, 32, 77, 112.
 diplobacilli, 9, 54.
 Koch-Weeks, 130.
 pneumococcus, 11.
 staphylococcus, 32.
Bandage, 88, 111.
Barraguer's operation, 44, 137.
Bees, 21.
Beren's operation, 69.
Bicylindrical refraction, 3.
Bilious fever, 78.
Binocular vision, 3, 65, 82, 91, 100, 104.
 lens, 27.
Birds, 47, 62.
Birth injuries, 137.
Blennorrhoea, 40, 112, 124, 135.
Blepharitis, 69, 104.
Blepharoplasty, 7, 32, 57.
Blind, books for, 14, 22, 106.
 education of, 71, 82, 93, 106, 117.
 physical training of, 71.
 writing for, 59, 82, 93, 106.
Blindness, 6, 8, 9, 10, 34, 43, 47, 51, 79, 93, 105, 106, 114, 126, 129, 137, 139.
 acquired, 82.
 color, 7, 31, 79.
 congenital, 21, 44, 48.
 monocular, 19, 59, 82.
 prevention of, 9, 10, 22, 28, 34, 70, 82, 106.
 simulated, 27.
 snow, 9, 34.
 sudden, 31.
 temporary, 11, 18.
Blind-spot, 57.
Blood changes, 33.

- pressure, 3, 5, 30, 42, 66, 114, 117.
 serums, 123.
 Bloody tears, 32.
 Blue cataract, 125.
 Blue sclera, 54, 65, 77, 101.
 Board for Ophthalmic Examinations, 93, 106, 116.
 Book notices, 2, 14, 26, 38, 51, 61, 62, 63, 75, 87, 98, 110, 139.
 Bottle collyria, 54.
 Botulism, 59.
 Bowman's membrane, 28.
 Bradycardia, 116.
 Brain disease, 15, 19, 127.
 tumor, 43, 44, 46, 57, 79, 138.
 Bright's disease, 56.
 Brittle bones, 54, 65, 77, 101.
 Bubonic plague, 55.
 Bulgarian bacillus, 65.
 Buphthalmos, 5, 41, 42.
 Burns, 8, 33, 45, 105.
 Calcareous deposits, 4.
 Calcium chloride, 125.
 Campimeter, 15, 38.
 Canaliculus, 101, 127.
 Canal of Schlemm, 113, 114.
 Cancer, 45, 69, 115.
 Candiolin, 134.
 Canthoplasty, 28.
 Capsulotomy, 5, 17, 78.
 Carbon monoxid gas, 9.
 Carcinoma, 128.
 Care of blind, 9, 117.
 Cartilage, 127.
 Carotid, 127.
 Caruncle, 20.
 Case taking, 85.
 Cases, clinical, 64.
 Cataract, 6, 17, 42, 55, 102, 114, 125, 132, 136.
 after, 6, 17, 30.
 blue, 125.
 causes of, 67.
 clover-leaf, 55.
 congenital, 26, 29, 30, 90, 114, 136.
 couching for, 67, 78, 98.
 delirium after, 66.
 diabetic, 6, 17, 36, 136.
 extraction, 6, 17, 30, 39, 42, 55, 59, 66, 71, 75, 78, 90, 102, 106, 108, 114, 125, 136.
 glass-blowers', 30.
 hypermature, 30.
 incipient, 66, 125.
 intracapsular extraction of, 6, 102, 114, 136.
 juvenile, 78.
 knife, 15.
 Morgagnian, 102.
 polar, 20.
 resorption of, 42.
 secondary, 103.
 senile, 26, 42, 55, 125.
 soft, 78.
 stellate, 114.
 traumatic, 20, 21, 26, 125.
 treatment of, 6, 30, 42, 67, 78, 125.
 zonular, 78, 90.
 Cats, 21, 28, 30, 48, 53.
 Caustics, 8.
 Cavernous sinus, 46.
 Cellulitis, 8, 32, 104.
 Centers, see Visual centers.
 Central fixation, 18.
 Cervical sympathetic, 17, 21, 35, 44, 79.
 Chalazion, 65, 91, 138.
 Chancre, 89.
 Charcoal burners, 119.
 Chemotherapy, 100.
 Chelidonium majus, 5.
 Chiropractors, 82.
 Choked disc, 6, 18, 31, 43, 103, 104, 137.
 Cholesterin, 81.
 Cholesteremia, 33.
 Choroid, 5, 41, 45, 136.
 anomaly of, 7.
 coloboma of, 5, 29.
 hyaline in, 33.
 ossification of, 136.
 tumor of, 8, 20, 45, 57, 92, 105, 118.
 Choroidal atrophy, 17, 42, 66, 102.
 hemorrhage, 6.
 Choroiditis, 5, 55, 102, 103, 124.
 disseminated, 5.
 Chorio-retinitis, 55, 67, 93, 125.
 Chorio-retinitis juxtapapillaris, 103, 125.
 Cilia, 8, 69.
 Ciliary body, 55, 58, 111.
 Cinematograph, 4, 34, 59, 64, 70, 93, 106, 116.
 Claude Bernard-Horner Syndrome, 116.
 Clinics, 64, 106.
 Cocain, 39, 41, 64, 75, 88, 102, 125, 129.
 Collosol argentum, 54.
 Collyria, 64.
 Coloboma of choroid, 5, 29.
 Fuchs', 30.
 lids, 19, 138.
 iris, 29, 136.
 optic nerve, 5, 18, 79, 126.
 Color, and sound, 68.
 blindness, 31, 79.
 of eyes, 58.
 sensation, 15.
 vision, 7, 19, 31, 68, 79, 100, 115, 137.
 of wards in hospital, 116.
 Colored glasses, 34, 129.
 Comfort test, 100.
 Comparative ophthalmology, 21, 34, 47, 70, 93, 116, 139.
 Compensation, 10, 82.
 Compression of eyeballs, 81.
 Concussion, 8, 46, 70, 79, 81.
 Congress, ophthalmological, 3, 37, 106.
 Conjunctiva, 4, 16, 28, 39, 40, 53, 65, 75, 76, 89, 101, 112, 123, 135.
 chancre of, 89.
 lupus of, 65.
 shrinking of, 4, 89, 124.
 streptotrichosis of, 76.
 tubercle of, 28.
 tuberculosis of, 54, 65, 76, 112, 124.
 xerosis of, 16.
 Conjunctival graft, 40, 89.
 hemorrhage, 69.
 sac, 32, 104.
 suture, 17.
 tumors, 4, 33, 58, 69, 81, 105, 115.
 Conjunctivitis, 4, 8, 16, 28, 40, 76, 101, 123, 130, 135.
 amoebic, 76.
 atrophying, 40.
 catarrhal, 76, 123, 135.
 coccidian, 28.
 diabetic, 4.
 follicular, 53.
 from cat's fur, 28, 129.
 gonorrheal, 4, 16, 40, 76, 112, 129, 135.
 granular, 76.
 ipecaac, 16.
 necrotic, 40.

- Parinaud's, 4, 40, 76.
 periodic, 76.
 pneumococcus, 76, 112, 124.
 simulated, 16, 40, 65, 76, 113, 123, 135.
 squirrel-plague, 53.
 swimming bath, 112.
 tobacco, 40.
 typhoid, 4, 16.
 vernal, 4, 16, 28, 54, 65, 76, 89, 101, 113.
 Conservation of vision, 9, 10, 22, 59, 82, 106, 129, 139.
 Contrast, 19.
 Contusion, 8, 46, 70, 79, 81, 135, 138.
 Convergence, 4, 15, 53.
 Copper, 21, 46.
 Cornea, 4, 16, 28, 40, 44, 54, 65, 75, 77, 89, 101, 113, 124, 135.
 calcification of, 40.
 degeneration of, 29, 89, 124.
 deposits in, 4.
 infection of, 11.
 laceration of, 70.
 lupus of, 65.
 operations on, 16, 40, 65, 124.
 rupture of, 29.
 staining of, 29, 124.
 transparency of, 65, 77.
 Corneal cyst, 5, 16.
 anomaly, 135.
 dystrophy, 40, 41, 89.
 ectasia, 89, 124.
 graft, 53.
 herpes, 54.
 knife, 122.
 microscope, 14, 39.
 opacity, 16, 41, 65, 89, 135.
 plasmoma, 58.
 proliferation, 41.
 suture, 90, 102.
 syphilis, 23.
 tuberculosis, 89.
 transplantation, 89.
 tumors, 23, 33.
 ulcers, 4, 5, 16, 29, 41, 54, 89, 101, 124.
 Corpus callosum, 79.
 Corrosive sublimate, 138.
 Cosmetics, 44.
 Cranial deformity, 31, 79.
 Craniotomy, 45.
 Credé method, 4, 9, 28, 40, 105, 112, 113.
 Crossed cylinders, 27.
 Crystalline deposits, 81, 126.
 Crystalline lens, 6, 17, 30, 42, 55, 78, 81, 90, 102, 114, 125, 136.
 couching of, 6, 102, 114, 125.
 dislocation of, 30, 42, 45, 119.
 injury of, 20, 45, 81, 90, 92, 125.
 prolapse of, 33.
 subluxation of, 20, 92, 125.
 Curettment, 8.
 Cyclitis, 55, 77, 124, 136.
 Cycloplegics, 27, 100.
 Cysticercus, 8, 20.
 Cyst, hydatid, 80.
 of anterior chamber, 41.
 of ciliary margin, 66.
 of cornea, 5.
 of eyelid, 68.
 of frontal lobe, 103.
 of orbit, 8, 20, 127.
 subconjunctival, 101, 113.
 Cystotomy, 42.
 Dacryocystitis, 7, 32, 57, 68, 80, 115, 137.
 Dacryocystorhinostomy, 15, 19, 57.
 Dark room, 14.
 Dazzling, 18, 22, 43.
 Deafness, 65.
 Death, 75.
 Decompression, 45, 67, 126.
 Deformity of skull, 7, 31, 79.
 Delirium, 66.
 Dementia precox, 89.
 Dental disease, 46, 77, 82, 100, 102, 113.
 Dermatitis, 116.
 Dermoid, 20, 33, 68, 92.
 Descemetitis, 125.
 Desiccation, 111.
 Detachment of retina, 6, 43, 56, 67, 81, 90, 103, 114, 125.
 Diabetes, 4, 6, 17, 36, 90, 112, 135.
 Diagnosis, 3, 4, 14, 27, 39, 52, 63, 64, 66, 84, 88, 100, 102, 111, 118, 122, 126, 128, 134.
 Diathermia, 64, 112.
 Diffraction, 15, 29.
 Diffusing glassware, 22.
 Dionin, 77.
 Diphtheria, 116.
 Dissection, 17, 30.
 Dislocation of eyeball, 31.
 of lens, 30, 42, 45.
 Dissection of corneal layer, 53.
 Disseminated sclerosis, 59.
 Divergence, 15, 53, 76, 135.
 Dressings, 88.
 Drugs, 30, 75, 128.
 Duboisin, 64.
 Dysentery, 16, 17, 46.
 Dyspituitarism, 44.
 Dystrophy, 40, 41, 43, 89.
 Ear, 22, 28, 32, 46, 58, 79, 82, 89, 116, 128.
 Eclampsia, 6.
 Echinococcus, 44, 57.
 Economics, 9, 14, 22, 47, 59, 71, 81, 93, 106, 116, 117, 120, 129, 139.
 Ectasia, 89, 114.
 Ectropion, 32, 57, 92, 127, 137.
 Eczema, 21, 82, 91.
 Education, 22, 47, 106, 129.
 of blind, 10.
 Electricity, 33, 137.
 Electro-ionic treatment, 15, 137.
 magnet, 20, 45.
 therapy, 102, 114.
 Elliot operation, 10.
 Embolism, 18, 30.
 Embryotoxon, 135.
 Emphysema, 127.
 Encyclopedia, 26.
 Endocrine organs, 59, 70, 79.
 Endorbital osteomata, 83.
 Endothelioma, 33, 69.
 Enophthalmos, 20, 32, 57.
 Entropion, 32, 57, 92, 127.
 Eneucleation, 7, 19, 32, 44, 45, 68, 80, 91, 104, 113, 115, 137.
 Eosinophilia, 28, 135.
 Epilepsy, 127.
 Epinephycitis, 28.
 Episcleritis, 40.
 Epithelial dystrophy, 89.
 Epithelioma, 8, 32, 39, 58, 81, 105, 115.
 Ergograph, 16.
 Eserin, 66.
 Ethmoiditis, 20, 31, 56, 57, 88, 93, 119.
 Ethyl-hydrocuprein, 5, 6, 11, 15, 18, 27, 43, 47, 52, 53, 56, 60, 88, 124, 126.
 Evisceration, 80, 91, 104.
 Examinations, 25.

- Exophoria**, 65, 76.
Exophthalmos, 8, 9, 32, 34, 44, 45, 69, 80, 92, 104, 127.
Exostosis of orbit, 57.
Explosion of artificial eye, 8, 138.
Extirpation of sac, 7, 19, 57, 68, 80, 93, 137.
Eyeball, 7, 19, 31, 44, 52, 57, 68, 80, 91, 104, 115, 127, 137.
 brows, 32, 80.
 dislocation of, 31.
 physiology of, 78.
 retraction of, 53, 57.
 strain, 3, 4, 82, 88, 93, 100, 106, 134.
Eyes of birds, 47, 62.
 of fishes, 29, 34.

Facial paralysis, 91.
Fat, deficiency of, 54, 59.
 implantation, 19, 32, 44.
Fatigue, ocular, 21, 56.
Favus, 57.
Fibrolysin, 52.
Fibroma, 20, 33, 92, 128.
Field of vision, 7, 19, 43, 79, 93, 115, 126, 131, 134.
Filaria, 80, 104, 105, 127.
Film, 88.
Fish, 29, 34.
Files, 116.
Fluorescein, 124.
Focal infection, 17, 102, 112, 113, 136.
Forceps, 21, 27, 53.
Foreign body, 8, 9, 14, 21, 33, 45, 58, 69, 70, 81, 115, 128, 138.
Foveal vision, 18.
Fracture of skull, 56, 79, 91, 105, 114, 128.
Fragilitas ossium, 54, 65, 77.
Fundus, 15, 17, 18, 30, 39, 67, 79, 114, 128, 137.
 of birds, 62.
Fusion, 3, 4.

Galyl, 70.
Gangrene, 8.
Gas injury, 20, 21, 46, 58, 138.
General diseases, 9, 21, 34, 46, 58, 70, 81, 89, 92, 105, 116, 128, 138.
 practitioner, 82, 139.
Glandular therapy, 43, 44.
Glare, 22.
Glass, 70.
 colored, 34, 129.
 optical, 28.
 sphere, 57.
Glaucoma, 5, 9, 11, 17, 29, 30, 39, 41, 42, 51, 55, 66, 78, 90, 102, 112, 113, 125, 136.
 acute, 5, 41, 66, 102, 136.
 causes of, 42.
 chronic, 17, 41.
 congenital, 5.
 fulminant, 125.
 haloes of, 29.
 juvenile, 30.
 operations for, 5, 10, 17, 39, 41, 66, 75, 113, 136.
 pathology of, 90.
 primary, 90, 102, 113.
 secondary, 5, 16, 17, 66, 125.
Glioma, 20, 33, 45, 58, 69, 81, 92, 105.
Globe, excision of, 7.
Glucose injections, 66.
Goggles, 34, 59, 108, 116.
Golter, 8, 32, 45, 69, 80, 104, 127.
Gonorrhea, 4, 16, 40, 76, 112, 124, 135.

Grafts, 32, 40, 53, 57.
 fat, 7.
Granuloma, 92.
Gumma, 4, 57, 115, 138.
Gunshot wounds, see shot wounds.

Hallucinations, 6, 9, 57.
Headache, 21, 34, 82, 88, 112, 116, 123.
Heart disease, 18.
 reflex, 9, 15, 34, 46, 59, 70, 81, 93, 105, 116, 128.
Heat, 5, 15, 75, 101.
Hemeralopia, 6, 18, 31, 35, 43, 56, 67, 78, 90, 103, 114, 119, 137.
Hemianopsia, 7, 19, 31, 43, 44, 57, 79, 104, 115, 126, 131.
Hemorrhage, 102, 115, 126.
 choroidal, 6.
 conjunctival, 69.
 retinal, 6, 42, 67, 78, 79, 90.
 vitreous, 17, 56, 114, 137.
Heredity, 28, 29, 30, 40, 43, 46, 53, 58, 81, 101, 116, 124, 126.
Hering's theory, 68.
Hermophenyl, 7.
Herpes zoster, 4, 5, 7, 19, 54, 92, 102, 104, 138.
Heterochromatic photometry, 68.
Heterochromia, 124.
Heterophoria, 89.
Heterotropia, see Strabismus.
Hiccup, 81.
High frequency current, 54.
History, 22, 34, 38, 47, 59, 60, 81, 93, 106, 116, 117, 129, 139.
Hole in macula, 90, 115.
Holocain, 66, 125.
Homatropin, 102.
Homeopathy, 42.
Hospitals, 10, 47, 55, 70, 93, 106, 116, 129, 139.
Hutchinson's teeth, 46.
Hyaline bodies, 31, 33.
 degeneration, 112, 135.
Hyaloid artery, 29.
 membrane, 29, 114, 124.
Hydatid cyst, 80.
Hydrocephalus, 79.
Hydrophthalmos, 29, 42, 66, 78.
Hygiene, 3, 9, 22, 28, 30, 33, 34, 47, 59, 70, 76, 82, 93, 106, 108, 116, 129, 139.
Hyperopia, 112.
Hyperthyroidism, 45, 80.
Hypertony, 102.
Hypophysis, 7, 19, 43, 68, 114, 115, 126.
Hypopituitarism, 43.
Hypotony, 66.
Hysteria, 114, 126, 134.

Idiocy, 43, 56, 75, 78, 126, 137.
Illumination, 22, 34, 100, 116, 122, 139.
Illusions, 31, 56, 68, 107.
Implantation, 19, 32, 44, 57, 68.
Index Medicus, The, 62.
Index of Ophthalmology, 97, 133.
Indirect vision, 31.
Industrial disease, 30, 33.
 injuries, 22, 30, 33, 58, 81.
Infection, 5, 6, 16, 17, 28, 44, 67, 70, 111.
Influenza, 6.
Injections, boiling water, 104.
 glucose, 66.
 parenteral, 34, 88, 136.
 subconjunctival, 3, 17, 27, 39, 75.
 ventricular, 43, 67, 103.
Injuries, 3, 8, 10, 17, 20, 32, 33, 45.

- 55, 58, 60, 68, 69, 81, 91, 92, 105, 113, 115, 122, 128, 135, 137, 138.
 birth, 137.
 brain, 58, 104, 138.
 cranial, 3, 8, 19, 39, 43, 45, 46, 56, 58, 79, 81, 128.
 electric, 33, 123.
 from anilin, 21.
 from burns, 8, 33, 45, 138.
 from cilia, 8, 138.
 from contusions, 8, 46, 70, 79, 81, 138.
 from copper, 21, 46.
 from explosion, 82.
 from gas, 20, 21, 46, 58, 138.
 from ink, 21.
 from iron, 33.
 from lead pencil, 33.
 from spectacles, 32, 115.
 from steel, 105.
 industrial, 22, 30, 33, 58, 81, 82.
 of anterior chamber, 70, 92, 113.
 of choroid, 21, 45, 92.
 of conjunctiva, 21, 69, 81, 138.
 of cornea, 8, 21, 33, 70, 81, 105.
 of ethmoid, 91.
 of iris, 21, 70.
 of lacrimal gland, 105.
 of lens, 20, 45, 81, 90, 92, 105, 118.
 of lids, 8, 21, 45.
 of muscles, 70.
 of optic nerve, 31, 58, 81.
 of orbit, 20, 23, 33, 57, 70, 81, 92, 105, 115.
 of retina, 18, 46, 81, 92.
 of sclera, 46, 81, 115, 138.
 of skull, 19, 39, 43, 46, 56.
 of vitreous, 45, 46, 58, 70.
 penetrating, 17, 18, 33, 81, 92, 105, 128, 138.
 self-inflicted, 64, 76.
 war, 19, 20, 21, 39, 40, 41, 44, 45, 46, 55, 72, 79, 92, 105, 111, 115, 128, 138.
 Insanity, 46.
 Instruments, 3, 15, 27, 53, 88, 122, 134.
 Insurance, 117.
 Internal secretions, 9.
 Interstitial. *see* Parenchymatous.
 Intracapsular extraction, 17, 30, 42, 78.
 Intracranial disease, 7.
 Intraocular tumor, 81.
 Inverted images, 30.
 Iodin, 6.
 Iodism, 52.
 Ionization, 45, 69.
 Iontophoresis, 52.
 Ipecac, 16.
 Iridectomy, 55, 136.
 Iridecto-sclerectomy, 66.
 Iridochoroiditis, 77.
see Uveitis.
 Iridocyclitis, 5, 17, 29, 30, 33, 42, 55, 70, 77, 102, 124, 136.
 Irido-cyclo-choroiditis, 77.
 Iridocycloplegia, 113.
 Iridology, 14.
 Iridotaxis, 17.
 Iris, 5, 17, 29, 41, 55, 70, 77, 103, 113, 124, 136.
 atrophy, 66.
 coloboma of, 29, 136.
 dilator, 29.
 pigment of, 41.
 prolapse of, 70.
 shrinking of, 17.
 sphincter, 59, 66.
 tumors of, 20, 45, 80, 105.
 Iritis, 5, 17, 41, 55, 66, 77, 102, 124, 136.
 nodular, 41.
 tuberculous, 41.
 Iron, goggles, 59.
 injury, 33.
 Jaw movements, 32, 44, 69, 138.
 Jennings' test, 79.
 Journals, ophthalmic, 1, 13, 14, 25, 37, 49, 61, 73, 86.
 Juvenile arcus, 29, 40, 71.
 cataract, 78, 132.
 glaucoma, 30.
 Keratectomy, 4.
 Keratitis, 4, 16, 28, 41, 54, 65, 77, 101, 124, 135.
 alphabet, 65.
 aspergillus, 135.
 bilious, 16.
 disciform, 16.
 dumb-bell, 54.
 hypopyon, 77, 89, 124.
 marginal, 29.
 neuro-paralytic, 79.
 nodular, 77, 89.
 parenchymatous, 16, 28, 29, 40, 65, 101, 124, 135.
 Kerato-conjunctivitis, 77.
 Keratoconus, 54, 77, 101.
 Kerato-iritis, 41, 54.
 Keratomalacia, 89.
 Keratomycosis, 89, 135.
 Keratoplasty, 89, 124, 135.
 Knapp Testimonial Fund, 106.
 Knife, 53, 122.
 Krönlein operation, 10, 15, 104.
 Laceration of cornea, 69.
 of globe, 105.
 Lacrimal apparatus, 7, 19, 32, 40, 44, 57, 68, 80, 91, 104, 115, 137.
 caruncle, 20.
 drainage, 7, 19.
 gland, 7, 44, 57, 93.
 sac, 7, 19, 32, 68, 80, 115, 137.
 stenosis, 19.
 trachoma, 32.
 tumor, 20, 105.
 Lacrimation, 4, 19.
 Lamps, 22.
 Incandescent, 15, 22.
 nernst, 14, 39.
 therapeutic, 52, 54.
 tungsten, 15.
 Larva, 16, 23, 57, 69, 107.
 Lecithin, 43.
 Legislation, 10, 20, 22, 93, 117, 129.
 Lenses, 38, 75, 123.
 binocular, 27, 123.
 colored, 34.
 concave, 44.
 double focus, 123.
 old, 34.
 test, 3, 89.
 Leprosy, 116, 128.
 Leucosarcoma, 80, 105, 138.
 Lids, 7, 19, 32, 44, 57, 68, 80, 91, 104, 127, 137.
 and jaw movements, 44, 68, 80, 138.
 coloboma of, 19, 138.
 elephantiass of, 127.
 gumma of, 57, 115.
 horn in, 80.
 lupus of, 44, 68.
 operations on, 7, 19, 32, 57, 68, 69, 91, 127, 137.
 syphilis of, 32.
 tumors of, 8, 32, 45, 58, 65, 69, 80, 128.

- Ligation of vein, 20.
 Light, 18.
 achromatic, 68.
 artificial, 22, 122, 124.
 sense, 78.
 Limbus, 105.
 Lime, 16.
 Literature, medical, 49, 106.
 Localization, 14, 19, 33, 43, 58, 69, 115, 128.
 Lotion, eye, 122.
 Lues, 16, 18, 128.
 Lumbar puncture, 91, 104, 114, 116.
 Lupus, 44, 65, 68.
 Luxation of lens, 20, 125.
 Lymphatic ducts, 43.
 Lympho-angio-endothelioma, 69, 81.
 Lymphoma, 33.
 Lymphosarcoma, 58.

 Mackenzie, William, 34.
 Macula, 15, 17, 18, 30, 39, 67, 79, 90, 115, 136, 137.
 hole in, 90, 115.
 Magnet, 8, 20, 33, 45, 58, 70, 81, 115, 128, 138.
 Malaria, 31.
 Malingering, 64, 76, 113, 122, 126.
 Mandible, fracture of, 91.
 Masks, 80.
 Mastication, 44, 68, 80, 138.
 Mastoiditis, 40, 44.
 Maxilla, 115.
 Maxillary antrum, 59.
 Maxwell operation, 45.
 Measles, 4, 58.
 Medical literature, 49.
 Medicaments and ocular tension, 55.
 Medico-legal, 10, 20, 22, 93, 117.
 Megalocornea, 29, 136.
 Melanosarcoma, 8, 20, 45, 69, 92, 138.
 Meningitis, 9, 68, 77, 112, 137.
 Mental development, 22.
 Mercury, 3, 39, 53, 67, 100, 134.
 Merger of journals, 2, 13, 26, 37, 49, 61, 73, 93, 106, 133.
 Mesothorium, 39, 45.
 Metabolism, 80.
 Metamorphopsia, 100, 104.
 Metastases, 20, 69.
 Metastatic ophthalmia, 5, 28, 55, 68, 77, 104, 113.
 Methyl alcohol, 31.
 Metric system, 53.
 Microscope, 14, 39.
 specimens, 9, 78.
 Microphthalmos, 8, 80.
 Migrain, 9, 21, 46.
 Mikulicz's disease, 7, 17.
 Military hygiene, 22, 47, 70, 71, 76, 139.
 service, 60, 71, 82, 89, 93, 106, 120, 129, 139.
 Mineral baths, 134.
 Miners' nystagmus, 15, 36.
 Mirror writing, 44.
 Mongolian idiocy, 56, 78.
 Monochromatic bands, 19.
 Monocular blindness, 82.
 Mooren's ulcer, 41.
 Mouth disease, 34.
 Movements, see Ocular Movements.
 Moving pictures, 4, 34, 59, 64, 70, 93, 106, 116.
 Multiple sclerosis, 9, 105.
 Munitions workers, 9.
 Muscle exercises, 65.
 lengthening of, 53.
 retractor, 40.
 Muscular synergism, 95.
 Myasthenia gravis, 9, 127.
 Mydriatics, 100.
 Myiasis, 16, 69.
 Myopia, 3, 27, 39, 47, 53, 65, 75, 112, 123.
 and glaucoma, 66, 112.
 school, 3.
 statistics, 27.
 Myotonia, 42.

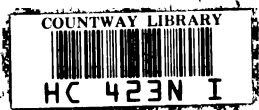
 Naphthalin, 18.
 Narcosis, 53.
 Nasal disease, 34, 44, 70, 93, 114.
 see also Sinus disease.
 Necropsy, 7.
 Negro, 58.
 Neosalvarsan, 93.
 Nephritis, 6, 18, 114.
 Nernst lamp, 14, 39, 41.
 Nervous disease, 46, 100, 116, 126.
 Neurasthenia, 134.
 Neuro-epithelioma, 33, 105.
 Neuroparalytic keratitis, 79.
 Neuroretinitis, 6, 18, 67, 126.
 Nevus, 20.
 Night blindness, 6, 18, 31, 35, 43, 103, 114, 137.
 Novarseno benzol, 134.
 Noviform, 40.
 Nursing, 59, 139.
 Nystagmus, 4, 15, 75, 89, 101, 123.
 miners', 15, 36.
 spontaneous, 89.
 voluntary, 75.

 Occlusion of pupil, 41.
 Occupation, 22, 82.
 Ocular movements, 4, 15, 28, 40, 53, 65, 75, 88, 112, 123, 134.
 abnormal, 40, 45.
 reactions, 75, 112.
 Oculo-cardiac reflex, 9, 15, 34, 46, 59, 70, 81, 93, 105, 116, 128.
 One-eyed, 19, 59, 82.
 Opacity of cornea, 16, 65.
 of lens, see Cataract.
 of vitreous, 6, 114.
 Operations, 15, 27, 39, 53, 64, 75, 88, 108, 111, 123, 128, 134.
 Barraquer's, 44, 137.
 Beren's, 69.
 cataract, 6, 17, 30, 39, 42, 55, 59, 66, 71, 75, 78, 90, 102, 103, 114, 136.
 corneal, 16, 77, 89, 101.
 Elliot's, see Corneo-scleral trephining.
 glaucoma, 5, 10, 17, 39, 41, 66, 75, 102, 113, 138.
 Hellsrath-Kuhnt, 124.
 Krönlein's, 10, 15, 104.
 lacrimal, 7, 19, 32, 57, 68, 80.
 Lagrange, 10, 66.
 myopia, 39.
 on brain, 19.
 on eyeball, 7, 32, 68.
 on lids, 7, 19, 32, 57, 68, 69, 91, 137.
 on muscles, 4, 16, 28, 40, 53, 76, 89, 100, 101, 123.
 on orbit, 15, 45, 48, 115.
 on optic nerve, 18.
 plastic, 7, 20, 115.
 Smith-Indian, 17, 30, 42, 67, 98, 102.
 trachoma, 54.
 transplantation, 8, 19, 89, 101, 123.
 West's, 7.

- Ophthalmia neonatorum, 4, 9, 28, 40, 105, 112, 113, 124, 135, 138.
 Ophthalmic examinations, 93, 106.
 literature, 1, 87, 106, 109, 121.
 societies, 3, 37, 117, 141.
 teaching, 30, 93.
 terminology, 93.
 Year Book, 87, 121.
 Ophthalmology, chair of, 38, 47, 106.
 in Buenos Aires, 22.
 in Cairo, 93.
 in Chicago, 60.
 in Don Province, 34.
 in India, 22, 106.
 in Spain, 60.
 in Washington, 22.
 masters of, 59, 82.
 war, 22, 47, 71, 117, 138.
 Ophthalmometer, 27.
 Ophthalmomyiasis, 57.
 Ophthalmoplegia, 4, 7, 18, 34, 40, 75, 112.
 Ophthalmoscope, 3, 14, 27, 39, 52, 58, 62, 106.
 Optic disc, 6, 18, 31, 43, 103.
 neuritis, 6, 7, 8, 31, 56, 66, 67, 103, 114, 126.
 tracts and centers, see Visual tracts and centers.
 Optic nerve, 6, 18, 31, 43, 56, 67, 70, 79, 90, 103, 114, 126, 137.
 anomaly of, 5, 7.
 atrophy of, 6, 7, 18, 31, 56, 67, 79, 90, 103, 104, 117, 126.
 coloboma of, 5, 18, 79, 126.
 pigmentation of, 79.
 rupture of, 33, 45, 81, 126.
 tumors, 20, 33, 69, 105, 137.
 Opticians, see Optometry.
 Optico-ciliary vein, 31, 125.
 Optics, 71, 75, 123, 129, 134.
 Optochin, see Ethylhydrocuprein.
 Optometric scale, 53.
 Optometry, 22, 47, 59, 82, 93, 129.
 Optophorometer, 3.
 Optotypes, see Test-types.
 Ora serrata, 114.
 Orbit, 8, 15, 20, 23, 32, 44, 57, 69, 80, 92, 104, 115, 127, 138.
 edema of, 44.
 fly-blown, 23.
 tuberculosis of, 32, 33.
 Orbital, abscess, 57, 69, 104.
 cellulitis, 8, 32, 104.
 cyst, 8, 20, 127.
 exostosis, 57.
 inflammations, 44.
 prosthesis, 20, 32, 45, 57, 69, 80, 138.
 tumor, 8, 10, 20, 33, 45, 57, 69, 81, 92, 123, 138.
 Organotherapy, 7.
 Ossification, 136.
 Osteoma, 20, 45, 57, 58, 83, 128.
 Otitis, 16, 40, 43, 123.
 Oxycephaly, 7.
 Pannus, 28, 54, 58, 94.
 Panophthalmitis, 23, 32, 44, 68, 104, 137.
 Papilledema, 91.
 Papillomata, 23.
 Paraffin, 88.
 Paralysis, 4, 7, 9, 16, 17, 18, 35, 40, 53, 59, 65, 76, 79, 88, 91, 100, 104, 112, 119, 123, 135.
 Parasites, 8, 20, 69, 80, 104, 107, 115, 127.
 Parasyphilis, 70.
 Parenchymatous keratitis, 16, 28, 29, 40, 65, 101.
 Parinaud's conjunctivitis, 4, 40, 76.
 Pathology, 9, 21, 33, 46, 58, 81, 90, 92, 113, 128, 138.
 Pedigrees, 116.
 Pellagra, 19.
 Pemphigus, 40, 89.
 Perception of light, 91.
 Periphlebitis, 125.
 Perimeter, 14, 15, 52, 100, 122.
 Perimetry, 14, 134.
 Phlyctenular disease, 40.
 Photometry, 14, 15, 18, 68, 122.
 Photophobia, 4, 30, 46.
 Phylacogen, 41, 42.
 Physostol, 136.
 Pigmentation, 8, 20, 29, 41, 77, 83, 90, 102, 103, 115, 124.
 Pineal body, 33.
 Pituitary body, see Hypophysis.
 Plague, 139.
 Plasmoma, 28, 58, 94.
 Plastic operations, 20, 21, 45, 92, 115.
 Pneumococcus infection, 88.
 Pneumonia, 15, 76, 104, 126.
 Polyarthritides, 41.
 Polycythemia, 18, 59, 116.
 Porger's reaction, 95.
 Post-mortem ophthalmoscopy, 14.
 Potassium iodide, 6.
 Pregnancy, 18, 56, 78, 114.
 Presbyopia, 39.
 Pressure, blood, 3, 5, 93.
 extraocular, 27.
 intraocular, 19, 29, 93.
 Prevention of blindness, 9, 10, 22, 28, 34, 70, 106.
 of sepsis, 55.
 Prisms, 38, 53.
 Prolapse of iris, 70.
 Proptosis, 32, 69.
 Protective glasses, 22, 34, 47, 70, 93, 106, 108, 116, 129.
 Protein-milk, 3, 4, 100.
 Prosthesis, 7, 8, 20, 32, 44, 57, 68, 69, 80, 115, 120, 127, 137, 138.
 Psammoma, 81, 115.
 Pseudoscleriosis, 59.
 Pterygium, 89, 123.
 Ptosis, 7, 57, 68.
 Puerperal fever, 44.
 Pupil, 5, 17, 29, 41, 65, 77, 89, 101, 113, 124, 136.
 Argyll-Robertson, 54.
 diameter of, 14.
 dilation of, 29, 41, 101.
 occlusion of, 41.
 reactions of, 77, 113, 124, 136.
 Pupillary membrane, 78, 101.
 Pupillometer, 122.
 Purkinje phenomenon, 18.
 Pyoktanin, 32.
 Pyorrhea alveolaris, 124.
 Pyrometer, 15, 122.
 Quinine, 6, 31.
 Radiant energy, 21.
 Radiography, 14, 39, 44, 45, 122, 138.
 Radium, 4, 39, 45, 54, 58, 76.
 Raynaud's disease, 9.
 Red vision, 68, 107.
 Refraction, 3, 10, 15, 29, 30, 39, 53, 64, 75, 88, 100, 111, 112, 114, 123, 134.
 Resorption of cataract, 42.
 Retina, 6, 17, 18, 29, 30, 42, 56, 57, 67, 78, 90, 103, 114, 117, 125, 137, 139.
 angioid streaks in, 43.

- pigmentation of, 29, 42, 90, 124.
 rods and cones of, 78, 125.
 rosettes in, 46.
Retinal aneurysm, 18, 125.
 angiopathy, 18, 126.
 arteries, 6, 11, 18, 67, 78.
 degeneration, 6, 81, 91, 125.
 detachment, 6, 43, 56, 67, 81, 90, 103, 114, 125.
 embolism, 18, 30, 78.
 glioma, 20, 33, 45, 58, 69, 92.
 hemorrhage, 6, 42, 67, 78, 79.
 leukemia, 90.
 pulsation, 43.
 scotoma, 56.
 spasm, 11, 67.
 stimulation, 43, 67, 103, 125.
 thrombosis, 6, 56, 90, 103.
 tuberculosis, 18, 30, 67, 103.
 tumors, 20, 33, 45, 69, 81, 105.
 veins, 30, 56, 90.
Retinitis albuminuric, 18, 78, 90, 114.
 circinata, 126.
 exudative, 56, 81.
 pigmentosa, 67, 83, 90, 103.
 proliferans, 6, 56, 67, 126.
 renal, 30.
 syphilitic, 30, 78.
 toxemic, 78.
Retinobulbar neuritis, 67, 93, 125.
Retrobulbar neuritis, 7, 31, 56, 67, 103, 114.
Reverse seeing, 30.
Rheumatism, 111.
Rhinoscleroderma, 4.
Rodent ulcer, 45, 123.
Roentgenography, 43, 44, 100, 128.
Roentgen ray, 52, 64, 80, 84.
Rotation of eyes, 7.
Rupture of choroid, 21, 92.
 of cornea, 29.
 of eyeball, 33.
 of iris, 21.
 of optic nerve, 33, 45, 81, 126.
Sailors, 22, 106.
Salvarsan, 27, 31, 59.
Sarcoid of eyelid, 80.
Sarcoma, 8, 20, 33, 45, 58, 69, 80, 81, 92, 105, 118, 127, 138.
Scarlet fever, 105.
 red, 75.
Schiötz' tonometer, 64.
Schlemm's canal, 113, 114.
School hygiene, 9, 22, 47, 59, 64, 82, 106, 139.
 myopia, 3.
 refraction, 88.
Scientists, eyes of, 9.
Scintillating scotoma, 43.
Sclera, 4, 7, 16, 28, 40, 54, 65, 77, 101, 113, 124, 135.
 blue, 54, 65, 79, 101.
 gumma of, 4.
 resection of, 103, 124.
 tumor of, 33, 115, 138.
Sclerecto-iridectomy, 10, 114.
Sclerectomy, 5, 56, 114.
Scleritis, 29, 40.
Sclero-corneal trephining, 5, 66, 102, 136.
 infection after, 5.
Sclerosis, 9, 59.
Scotoma, 3, 43, 44, 56, 104.
Scrofula, 134.
Scrofuloderma, 124.
Seal, oculist's, 59.
Secretory system, 59.
Senile changes, 116.
Septicemia, 104.
Serotherapy, 3, 9, 11, 88, 112, 135, 136.
Serpent ulcer, 5, 54.
Shield, 123.
Shooting glasses, 47.
Shot wounds, 20, 21, 33, 43, 58, 79, 91, 115, 126.
Siderosis, 45, 81, 102.
Silver compounds, 27.
Simulation, 14, 15, 27, 65, 122, 135.
Sinus disease, 8, 9, 10, 21, 31, 41, 44, 46, 67, 69, 70, 82, 119, 128, 138.
Skiascopy, 53, 134.
Skin diseases, 116.
Smith-Indian operation, 6, 102, 114, 125.
Snow-blindness, 9, 34.
Sociology, 10, 22, 34, 47, 59, 70, 81, 106, 116, 129, 139.
Socket, 32.
Sodium citrate, 5, 29.
Soldiers, 15, 22, 31, 70, 78, 106.
Sophol, 101.
Specimens, 9, 78.
Spectacles, 32, 34, 47, 93, 111.
Spectroscope, 64.
Spectrum, 19.
Sphenoidal disease, 31.
Spirochaetosis, 139.
Sporotrichosis, 82, 130.
Spring catarrh, 4, 16, 28, 54, 76.
Squamous-celled sarcoma, 81.
Squint, see strabismus.
Staining, 29.
Stammer, 43.
Standardization of test cards, 3, 100.
 of vision, 106.
Staphylococci, 16, 102.
Statistics, blindness, 9, 59, 82.
 cataract, 67, 78.
 hospital, 10, 70.
 myopia, 27, 123.
 trachoma, 28.
Stereoscope, 3.
stereoscopic slate, 88.
Stimulation, retinal, 43, 67.
Strabismus, 4, 15, 16, 28, 40, 53, 76, 88, 100, 123, 135.
Streptothrix, 40.
Streptotrichosis, 76.
Students, 22.
Subconjunctival cyst, 101, 113.
 hemorrhage, 69.
 injections, 3, 17, 27, 29, 39, 75.
Sublimate injections, 34.
Subluxation of lens, 20, 92.
Suction method, 136.
Suture, 16, 21, 90, 102, 115, 136.
Swimming bath conjunctivitis, 112.
Symblepharon, 8, 40, 69, 80, 101, 127.
Sympathetic disease, 5, 17, 29, 41, 55, 66, 72, 77, 90, 102, 104, 113, 115, 136, 137.
Synopsia, 68.
Syphilis, 9, 21, 23, 27, 30, 32, 34, 40, 46, 70, 78, 82, 93, 95, 100, 112, 116, 127, 128, 139.
Syringe, 55.
Systemic disease, 5, 17, 34, 39.
Tabes, 7, 21, 31, 43, 126.
Tarsus, 54, 89.
Tattooing, 124, 135.
Teeth, 46, 77, 82, 101, 102, 113, 116.
Telephone forceps, 21.
Temperature, 15.
Tendon shortening, 76, 100.
Tenonitis, 32.
Tenotomy, 79.
Tension, 27, 28, 30, 52, 55, 59, 66,

- 78, 102, 112, 114, 125.
 Test, frame, 39.
 object, 3, 111, 139.
 type, 3, 100, 139.
 Thelaziasis, 104.
 Therapeutics, 3, 15, 27, 39, 52, 53,
 54, 64, 75, 88, 100, 111, 122, 134.
 Thermotherapy, 135.
 Thiosinamin, 17.
 Thrombosis, orbital, 44.
 retinal, 6, 56.
 sinus, 9.
 Thyroid, 6.
 Thyroidectomy, 43, 103.
 Tobacco, 40.
 Tonometer, 52, 55, 64, 75, 78.
 Tonometry, 75, 78.
 Tonsillitis, 66, 68.
 Torticollis, 16.
 Toxic amblyopias, 6, 18, 31, 43, 56,
 67, 91, 126, 137.
 from alcohol, 31, 137.
 from lead, 67, 90.
 from malaria, 31.
 from nitrophenol, 67.
 from optochin, 6, 18, 43, 47, 56,
 60, 90, 126.
 from quinin, 6, 31, 67, 90.
 from saturnin, 90.
 Trachoma, 3, 4, 16, 22, 28, 32, 40, 54,
 60, 65, 76, 89, 94, 101, 112, 113,
 123, 124, 129, 131, 135, 139.
 Transillumination, 15, 45.
 Transplantation, 8, 19, 89, 123.
 Traumatism, see Injuries.
 Travers, Benjamin, 59.
 Trepanation, 18.
 Trephining, 5, 6, 10, 42, 43, 66, 67,
 78, 83, 90.
 Trial case, 3, 39, 112.
 Trichiasis, 127.
 Trypanosomes, 101.
 Tubercle of conjunctiva, 28.
 of iris, 113.
 Tuberculin, 3, 42, 54, 66, 88, 105.
 Tuberculosis, 5, 18, 21, 32, 33, 34,
 41, 42, 54, 65, 67, 70, 82, 88, 89,
 102, 103, 105, 112, 123, 128, 139.
 Tularensis conjunctivitis, 53.
 Tumors, 4, 8, 32, 45, 57, 69, 80, 92,
 104, 115, 127, 138.
 brain, 43, 44, 46, 57, 79.
 choroidal, 8, 21, 45, 81, 92, 105,
 118.
 conjunctival, 4, 33, 58, 69, 81, 105.
 corneal, 23, 33.
 iris, 20, 45, 80, 105.
 lacrimal, 20, 105.
 lids, 8, 32, 45, 58, 65, 69, 80, 115,
 128.
 limbus, 23, 45, 69.
 hypophysis, 7, 19, 43, 68, 115.
 intraocular, 92, 115, 128.
 optic nerve, 20, 33, 69, 105, 137.
 orbital, 8, 10, 20, 33, 45, 57, 69,
 81, 92, 128, 129, 138.
 retinal, 20, 33, 45, 69, 81, 105.
 scleral, 33, 138.
 uveal tract, 33, 127.
 Typhoid fever, 4, 16, 71, 128, 138.
 Typhus fever, 21.
 Ulcer of cornea, 4, 16, 29, 41, 54,
 101, 123.
 of orbit, 45.
 Ultra-violet radiation, 20, 129.
 Urates, 55.
 Uveal parotid fever, 41, 55, 113.
 pigment, 77.
 Uveal tract, 5, 17, 29, 55, 66, 77, 89,
 102, 136.
 tumor of, 38, 113, 124.
 Uveitis, 66, 102, 113, 124.
 Vaccination, 7, 42, 71, 138.
 Vaccine therapy, 3, 7, 19, 41, 42, 55,
 71, 76.
 Varicella, 54.
 Variola, 41.
 Vascular disease, 15, 17.
 Venereal disease, 70, 105, 139.
 Vernal catarrh, 4, 16, 28, 54, 65,
 101, 113.
 Vertebrates, 14.
 Vertigo, 9, 59.
 Vincent's infection, 116.
 Vision, central, 91.
 conservation of, 9, 10, 22, 59, 82.
 inverted, 7.
 theory of, 79, 115.
 Visual acuity, 7, 14, 15, 27, 71, 88,
 91, 111, 114, 126, 131.
 defects, 53.
 fields, 7, 19, 43, 79, 93, 115, 126,
 131, 134.
 illusions, 31, 56, 68, 107.
 requirements, 22, 34, 43, 71, 93,
 117.
 tracts and centers, 7, 14, 18, 19,
 31, 34, 43, 47, 56, 68, 79, 82, 91,
 104, 114, 126, 131, 137.
 Vitiligo, 77.
 Vitreous, 6, 17, 56, 78, 90, 114, 125,
 137.
 band in, 17.
 hemorrhage, 17, 56, 114, 137.
 loss of, 42.
 opacity, 6.
 Vocational training for blind, 106.
 Vril-loss, 111.
 War blind, 19, 22, 44, 47, 82.
 balances, 74.
 injuries, 19, 20, 21, 39, 40, 41, 44,
 45, 46, 55, 72, 79, 92, 105, 111,
 113, 114, 136.
 nephritis, 90.
 neuroses, 46.
 restrictions, 98.
 Ware, James, 82.
 Wassermann reaction, 59, 116, 128.
 Welfare of blind, 9, 117, 129.
 Winking reflex, 44, 68, 80.
 Word blindness, 104, 126, 127, 137.
 Workmen's compensation, 10, 82.
 Writing for blind, 59, 82, 93, 106.
 Xerophthalmia, 135.
 Xerosis, 16.
 X-Ray, see Roentgen rays.
 Yellow spot, 81.
 Zinc sulphate, 54.
 Zoster, 4, 5, 7, 19, 54, 92, 102, 104,
 138.



2 GAL 55 6

44
6

